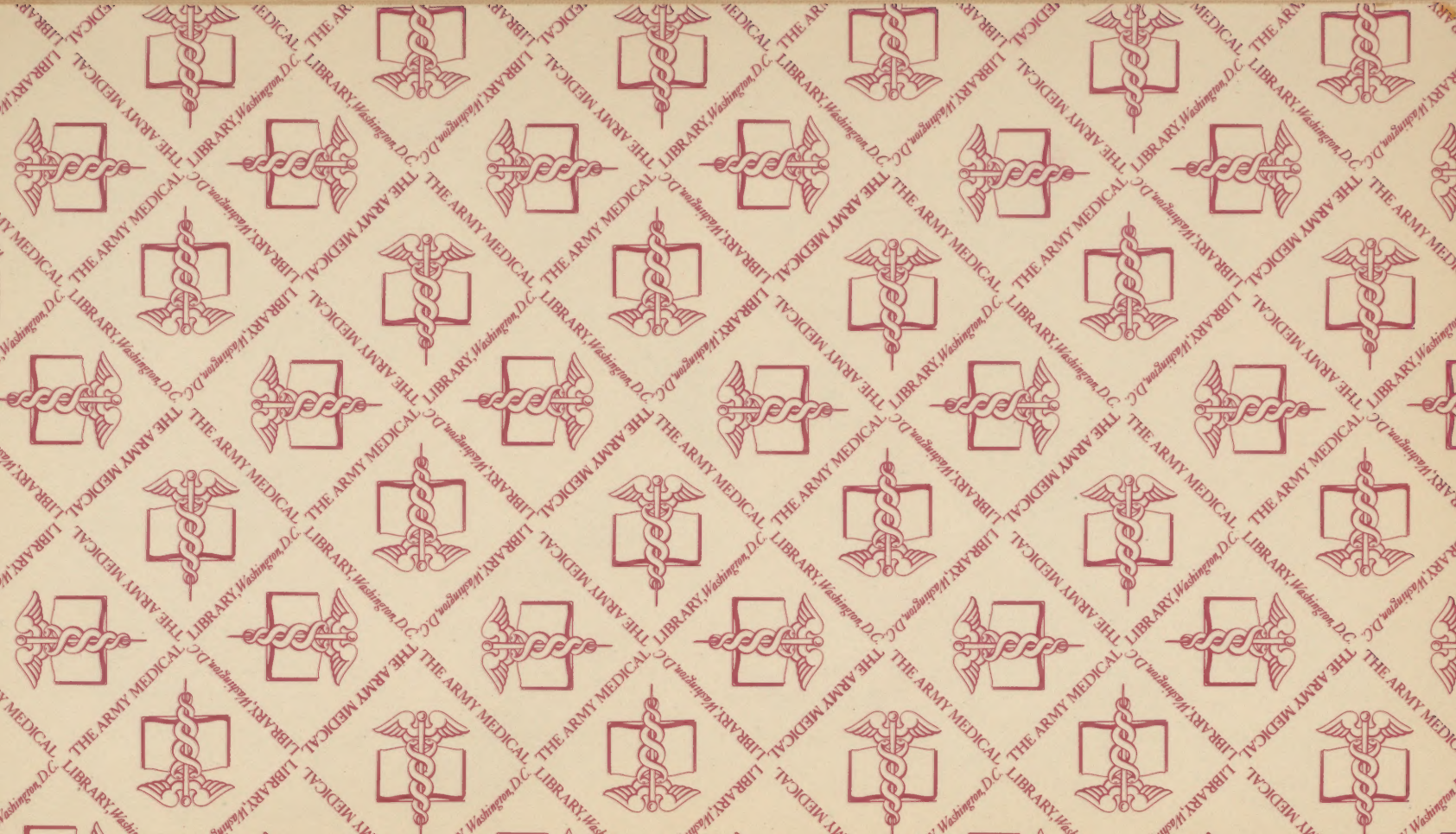
NEW HAMPSHIRE LIQUOR RESEARCH COMMISSION

REPORT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Report of the

LIQUOR RESEARCH COMMISSION

to the Legislature

1947

CONCORD, NEW HAMPSHIRE

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INTRODUCTION

In the 1945 session of the New Hampshire General Court, a Joint Resolution was presented, empowering the Governor with the consent of the Council to appoint a Commission of seven to study the effects of alcohol in the State, consider methods for treating and rehabilitating alcoholics, and be concerned with materials for a program of education to prevent alcoholism. The support of the resolution was representative and general from people of all kinds of opinions about beverage alcohol, and the resolution was unanimously enacted. The text is as follows:

"Resolved by the Senate and House of Representatives in General Court convened:

THAT the governor, with the advice and consent of the council, shall appoint a liquor research commission consisting of seven members and shall designate its chairman. Consideration in naming the commission shall be given to all interests concerned. Said commission shall gather as complete and accurate data as is possible relating to the physiological, psychological, economic and social effects of the use of alcoholic beverages in this state and shall give consideration and study to methods used in the treatment and rehabilitation of known alcoholics and shall be concerned with methods and materials to be used in a program of public education directed toward the prevention of the use of alcoholic beverages in excess. Said commission shall serve without pay but shall be reimbursed for travel and actual expenses, the same to be charged against the revenues of the state liquor commission. The liquor research commission shall file with the legis-

lature of 1947 a report of its findings and recommendations."

This, manifestly, is a broad resolution. To carry it out, His Excellency, Governor Charles M. Dale, with consent of the Council appointed in the summer of 1945 the following personnel for the Commission: Rep. Clayton W. Wallace of Wolfeboro, president of the N. H. Christian Civic League, Chairman; Dr. Charles H. Dolloff, State Hospital Superintendent; Chairman William A. Jackson of the State Liquor Commission; the Rev. Ernest A. Shepherd of Concord, pastor of the Baker Memorial Methodist church; Dr. Lloyd P. Young, president of Keene State Teachers College; ex-Rep. Richard J. Stilson, Pittsfield hotel proprietor, and Leon W. Anderson, Concord newspaperman. It met early in the fall of 1945 to begin its work and had held two meetings when Mr. Wallace, accepting employment outside the State, resigned. The Commission's personnel was reconstituted in March 1945 with Dr. Dolloff as chairman, Mr. Anderson as secretary and Rep. Nathan A. Tirrell, of Goffstown, retired mail carrier, as the seventh member.

Confronted by a serious limitation of time and a major responsibility, the Commission felt it must have the assistance of competent investigators trained in social research and must select for intensive investigation, areas within the authorization of the resolution, rather than attempt an inclusive, but of necessity, diffuse study. For the intensive investigation the following fields were chosen as most needful: a program of education about alcohol for the public schools, an estimation of the extent of inebriety* in New Hampshire, and a survey of the facilities needed for its control or reduction.

For the first, a program of alcohol education for

* For the defined meaning of this word as used in the report, see page thirty-nine of the report.

the public schools, it was arranged through Dr. Young, as a member of the Commission, to have Miss Dorothy M. McGeoch and Mr. Arthur J. Giovannangeli of the faculty of Keene State Teachers College attend the Summer School of Alcohol Studies at Yale University and submit to the Commission findings about public school programs. To facilitate other parts of the Commission's investigations about inebriety, Professor Michael Choukas, member of the Department of Sociology of Dartmouth College and Leon C. Eckman, graduate of the University of New Hampshire, were employed.

In the study, usual procedures were followed. The Commission met at regular intervals of every two weeks to receive and study the findings of its investigators. A total of fifteen meetings have been held by the Commission. Early in the work Dr. E. W. Jellinek, Director of the Section of Alcohol Studies of the Laboratory of Applied Physiology of Yale University, and Dr. Selden D. Bacon, Assistant Professor of Sociology at Yale, and Chairman of the Connecticut Board for the Fund for Inebriates, met the Commission and gave valuable guidance. One public hearing was held November 6, 1946 at which time a number of interested people appeared to speak. Representatives of the Commission separately visited Yale University for further study and held lengthly interviews with Raymond G. McCarthy, Director of the Yale Plan Clinic and Dr. Jellinek. The information and advice given was of inestimable value and furnished excellent guidance during the whole undertaking.

Having obtained what was considered to be an adequate background for further research, six questionnaires were prepared and mailed to the groups within the State most directly concerned with the subject under study and, therefore, most likely to furnish the information about conditions in New Hampshire.

Doctors, clergymen, chiefs of police, judges, headmasters and principals of secondary schools both public and private, and both public and private hospitals were chosen.

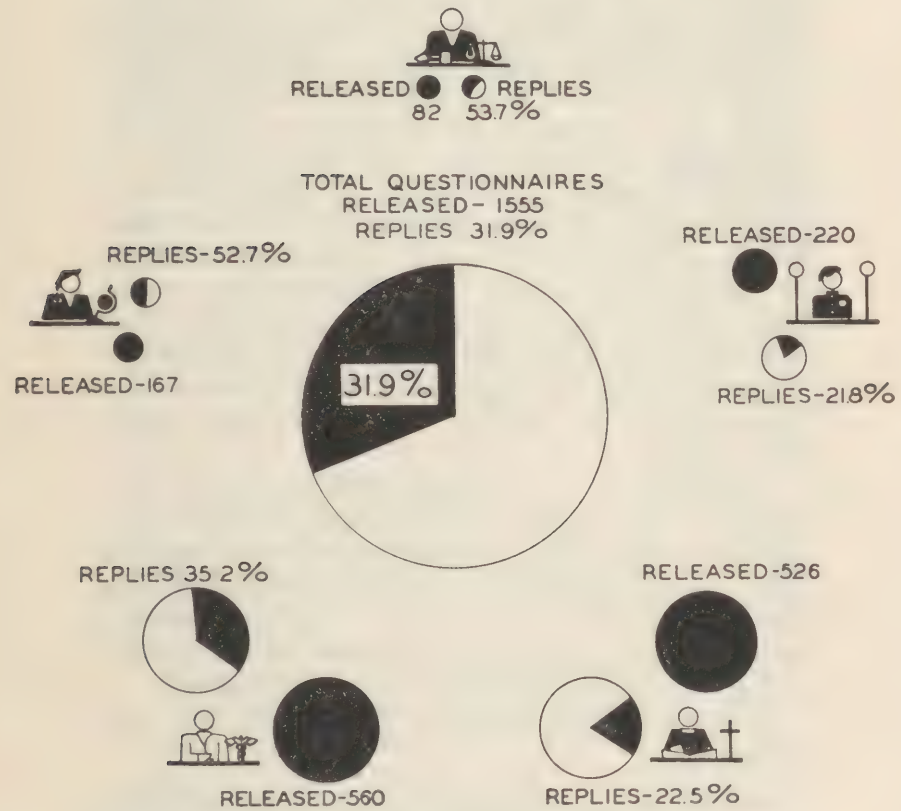
The response received from these groups far exceeded expectations. Ordinarily, a 15-20% return on a questionnaire is considered as highly successful by statisticians. In this case, a total of 1555 questionnaires (excluding those sent to the 43 hospitals, 22 of which replied) were mailed and 496 or a percentage of 31.9 were returned with answers. Practically every group exceeded the normal expectation of a 15-20% return.

Specifically, the number of questionnaires sent to the respective groups and the number returned were as follows:

	Questionnaires		
	Sent	Returned	Percentage
Chiefs of Police ..	220	48	21.8
Clergymen	526	119	22.5
Doctors	560	197	35.2
Educators	167	88	52.7
Judges	82	44	53.7

A word as to the nature of questions asked in the questionnaires sent to these groups. The questions were of two types: (a) those aimed at eliciting *factual* information which would help appraise the extent of the problem in the State, such as the number of alcoholics contacted by doctors, clergymen and chiefs of police; and (b) those that would bring forth *attitudes* of the various groups either with respect to those affected by alcohol, or the measures that may be recommended for future action, such as informational centers, clinics, hospitals, etc. The questionnaire sent to the hospitals contained questions primarily of the first type.

RELATIONSHIP OF QUESTIONNAIRES RELEASED AND REPLIES RECEIVED



Interviews were held with chiefs of police and other public officials, especially those directing relief agencies. The results of these interviews have been incorporated into the main body of this survey. Attention is called to two facts that must be borne in mind if research work is to continue beyond the stage marked by this survey; first, the serious lack of uniformity in the handling of records by the chiefs of police—which is largely due to a variety of individual systems of classifying and handling inebriates; second, no record of alcohol as a causative factor in cases on relief. Time and again the investigators with the social workers in charge went over lists of persons on relief in an effort to determine the extent to which drinking was a factor in public relief. In every case, they reported, they had to rely on personal knowledge of the cases on the part of the social worker, as no such indication was to be found in the records. Such and other mechanical obstacles, however, were amply compensated by the warmth of responsiveness that discussions of the problems of alcohol almost invariably elicited.

The results of the Commission's studies are embodied in the report, a survey which should be considered as only one step toward the effort to organize any program for dealing with the problems arising from the excessive use of alcohol. The problems are both numerous and complex—complex as the network of human relationships out of which they spring.

Answers to such questions were sought and considered:

1. What is the nature and extent of the problems created within the State by the excessive use of alcoholic beverages?
2. What facilities either official or private exist for dealing with such problems?

3. What should be done in the future and what kind of recommendations should the Commission make to the General Court?

An effort was made to determine the approximate number within the State of that ultimate product of excessive drinking, the alcoholic; the factors that operate to produce him; his place in the social schemes of things; how he is regarded by those he comes into contact with because of his drinking; the chances of rehabilitating him; the chances of reducing the number in the future and the measures to be taken for doing so.

The answers are given in this report which has five sections other than the Introduction. Section I is a general survey of scientific findings about the physiological and psychological effects of alcohol. Section II is a review of the present state system for the distribution of alcoholic beverages. Included in this is a summary of the state law and review of the reports of the Liquor Commission. It is within this legal framework and the resulting network of distribution and control that problems relating to the use of alcohol are viewed. Section III contains the summary of the survey about the problems arising in New Hampshire from the excessive consumption of alcohol. Section IV is a proposed plan for public school education about alcohol. Section V is the recommendations the Commission submits.

Three things are now manifest to the Commission as it submits this report to the General Court: first, the complexity of the problem of alcohol does not permit study of it as a whole but only of its parts and those in such a way as to permit correlations of findings; second, the problem of alcohol cannot be solved by legal enactments alone but requires broad social measures, educational programs, and scientific study and treatment; third, that any solutions proposed for

the problem of alcohol must be based on knowledge and research; must be impartial and accurate; and conducted by representative and disinterested people.

While this study is not comprehensive, it is adequate to justify and support the recommendations which are submitted and it serves to indicate further lines of investigations and something of the scope of the problem. It, which has been called "the fourth public health problem" of the nation, certainly merits the continuous concern of all citizens who desire to support the welfare of the public with the marshalled resources of society.

The Commission wishes to express its appreciation to Governor Dale for his sympathetic interest in, and support of, the Commission's efforts, and to all others who directly or indirectly gave encouragement and assistance. It is particularly grateful to the personnel of the State Planning and Development Commission for its time and effort in preparing the illuminating and attractive charts and graphs contained in the report.

SECTION I

PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS

A. Alcohol's Immediate Effect as a Sedative and Intoxicant.[1]

The most commonly seen physiological effect of alcohol, that of intoxication, is symptomatic of alcohol's most characteristic biological result, direct action on the central nervous system and the disturbance of its functions. The central nervous system is extremely sensitive to alcohol. As alcohol is absorbed, the higher nerve centers are first depressed, the judgment is impaired, and the depression of the central nervous system descends with increasing amounts of alcohol in the blood stream until muscular coordination is disturbed. The drinker walks unevenly, perhaps staggers or falls. With a still greater concentration of alcohol, he loses consciousness, the higher nerve centers stop functioning, and we have the "dead drunk."

The intoxicating effects of alcohol arise from its functional effect on the brain, and all the symptoms of intoxication, such as heavy speech and awkward walking, are the indirect results of the disturbance of the central nervous system.

It is also believed that such concentrations of alcohol in the blood do not cause organic damage to the brain and it does not damage cell structure, though it does change its functioning, the manifestation of which we have as intoxication.

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(1) The material for this section is taken from the lecture, "The Physiological Effects of Large and Small Amounts of Alcohol" by Dr. Howard W. Haggard, printed in *Alcohol, Science and Society*, p. 59ff.

Another "fundamental" or general effect is the action of alcohol on the surfaces of the body, particularly the inner surface lining of the digestive tract. Alcohol, under certain conditions, may cause a direct irritation of this surface. If strong alcoholic solutions are swallowed, the lining of the digestive tract is irritated. The first sign of this is again through the nervous system. The nerve endings in throat and esophagus are affected, and in response there is a reflex action. A deep breath is taken and the heart beats faster. These two stimulations—the only stimulations from alcohol—are not from absorbed alcohol; they come before absorption takes place and are very brief.

This irritation can cause inflammation, and we find among people who take strong drinks "neat" a whiskey tenor or chronic gastritis. These are the only direct irritant actions of alcohol on the body.

Other physiological effects than irritation of surfaces and the functional disturbance of the central nerve system are seen in the functions of the kidneys, liver, stomach, and possibly adrenal glands. It is not known with certainty whether these effects are due to nervous factors or direct effect on the activity of the organs or glands.

It is now believed that alcohol has no direct or detrimental action on the kidneys, and recent studies have indicated that diuresis results indirectly from alcohol's effect on the pituitary gland. This gland's secretion of an anti-diuretic element is diminished by alcohol, and thus restraint on the kidneys is lifted.

The liver has as one of its functions the storage of sugar in the form of glycogen. Following the intake of large amounts of alcohol, the glycogen is reconverted to sugar and passed into the blood. The sugar concentration thus rises and glycogen is depleted in

the liver. There is, so far as is known, no harmful results from this.

Alcohol in moderate amounts leads to an increase of gastric juice and to contraction of the stomach. Then the feeling of hunger occurs. However, there is no evidence that alcohol causes ulcers, nor do moderate amounts of alcohol interfere with digestion, while deep intoxication stops it completely.

Large amounts of alcohol may affect the so called "water balance" of the body. In deep intoxication the normally large amount of water in the body is shifted from within the cells to outside and between the cells, but beyond causing thirst this seems to have little significance.

Vitamin C and vitamin B are decreased after severe intoxication, but little is known about how this happens or what it means.

It can only be said that, for all the research in the effect of alcohol on the body, its physiology is complex and much remains to be known; while the most important feature of the excessive use of alcohol is not so much danger from disease but the broader social implications of alcohol's effect on human behavior.

B. The Non-Specific, Indirect Effects of a More Persistent Nature Resulting from Dietary Deficiency. [1]

Prominent consideration must be given in the study of the physical effects of alcohol to the nutritional deficiencies, those non-specific, indirect results, which can come from its prolonged excessive use over many years. There are four direct effects of alcohol on nutrition. First, there is diminished hunger and intake of food; second, lessened utilization of the food that is eaten; third, an increased need for certain food

(1) The material for this section is taken from the lecture, "Alcohol and nutrition: The Diseases of Chronic Alcoholism" by Dr. Norman Jolliffe, printed in *Alcohol, Science and Society*, p. 73 ff.

elements and fourth, a substitution of alcohol calories for other food which meets body needs other than energy. It is this last effect which needs to be considered in some detail.

During excessive use over a period of years, a drinker obtains his calories from alcohol which is rich in energy. As such it provides seven calories per gram or 200 calories per ounce. A gram of carbohydrates furnishes four calories and an ounce 114 calories. Fat has nine calories to a gram and 270 calories to an ounce. Alcohol stands in between carbohydrates and fats in its caloric content.

There are other distinctions between these foods at the point of their utilization and storage. The body seems to hold in reserve any calories from fats or carbohydrates which are in excess of the body's daily needs, but there is little storage of calories from alcohol. Some of the alcohol taken in is eliminated in the breath and urine, but the rest is burned in the body. If a man drinks more than he can burn up in one day, some remains for use in the next twenty-four hours, but none remains as stored energy.

An average man of 154 pounds could oxidize 1600 calories as the maximum amount of alcohol for any twenty-four hours. This is about the number of calories in the alcohol of a pint of whiskey. The average rate of energy for this man is about 2500 calories for any twenty-four hours. Consequently, if he drank a pint of whiskey a day, most of his calories would be coming from the alcohol rather than some other form.

The body needs vitamins, minerals, proteins, carbohydrates and fats as well as calories. The body in its intake of food must have a vitamin-calorie relationship so that for a certain amount of calories taken in, there must also be a certain number of vitamins, in order to have health and avoid nutri-

tional deficiencies. It can easily be seen then that a person taking in large amounts of alcohol takes in calories which have little or no other food values. Doing this over a period of years, the deficiencies within the diet may result in the diseases which are caused by lack of proper calorie-vitamin relationship.

There is one disease which is associated in the popular thinking with alcoholism: cirrhosis of the liver. Nutritional factors may be causal elements in this disorder, but this has not been conclusively demonstrated as yet.

It is to be repeated that all of these effects associated with the excessive use of alcohol are not caused directly by alcohol. They arise from nutritional or other deficiencies which may and do occur without alcoholic consumption. But because excessive amounts of alcohol interfere with a normal diet, they do occur more frequently then.

C. Psychological Effects of Small Amounts of Alcohol.[1]

When any review of the psychological effects of alcohol is attempted, there is some disappointment that experimental psychology has not investigated this fertile field as widely as might be expected, and has given little information by way of the effect of alcohol on the total behavior of a person. While there is considerable agreement about the gross effect of alcohol in frank intoxication, there has been little agreement as to the effects of other amounts of alcohol. Consequently, most of the attempts of psychology have been along the lines of kinds, order and degrees of effect from small and moderate amounts of alcohol on the nervous functions. Quantitative findings can be reported from these experiments.

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(1) The material for this section is taken from the lecture "Effects of Small Amounts of Alcohol on Psychological Functions" by Dr. E. M. Jellinek, printed in *Alcohol, Science and Society*, p. 83 ff.

In nearly 200 psychological investigations of varying degrees of scientific worth, there is in the total studies evidence of a trend. None of the psychological functions studied showed any stimulation from any amount of alcohol; all the functions were actually depressed, even though that depression in some instances was so slight as to be negligible.

In studying fatigue and muscular strength it was shown that while the sense of well being comes from drinking, there was no real relief from fatigue, and muscular strength as measured by a special apparatus showed a decrease of ten per cent.

The ability to distinguish between slight differences in light and sound was decreased by 30 to 50 per cent, but the differences were of such fine degree as to have no practical significance.

Tests in reaction time also showed a slowing down from 6 to 34 per cent according to the amount of alcohol taken in. Perception also followed this same trend as high as 10 per cent. Tests in continuous adding were lowered in adults by 13 per cent while in memorizing, the subject took twice as long for 25 lines of poetry when he had taken a glass and a half of whiskey on an "empty stomach."

The speed of the eye in following an object moved rapidly back and forth, decreased 3 per cent while dexterity on a fingerboard was decreased 19 per cent.

In all of these experiments the effects were from 1 to 3 ounces of alcohol or 2 to 6 ounces of whiskey measured thirty to sixty minutes after drinking.

In drawing conclusions from these findings of experiments which have been based purely on laboratory tasks, about the only significant one is that alcohol is not a stimulant but a depressant of the central nervous system, that in small and moderate amounts it first affects the higher nerve centers, those centers which control voluntary behaviors and emotions.

SECTION II

REVIEW OF THE NEW HAMPSHIRE LIQUOR AND BEER SYSTEMS

A. The State Liquor Commission

Shortly after the repeal of the 18th amendment, the New Hampshire State Liquor Commission was established by a special session of the General Court as an agency to supervise and control the sale of beer and alcoholic beverages.

The Commission was given a dual responsibility. Not only was it charged with conducting the state monopoly as a business enterprise, but it was empowered to act as an enforcement and control agency, working with state and local police to guard against abuses of the system.

This Commission consists of three men appointed by the Governor with the consent of the Executive Council, one of whom is appointed Chairman, with not more than two belonging to the same political party.

The Commission is authorized to employ necessary personnel for the proper transaction of its business (salaries must be approved by the Governor and the Council) ; to take precautions to insure the purity and freedom from misbranding of all liquors sold; to lease and equip stores, warehouses and other merchandising facilities for the sale of liquor, to appoint special agents to investigate complaints or any matters arising under the provisions of the liquor law; to operate State Liquor Stores, at the Commission's discretion, in towns and cities as may express desire through a referendum to have them; to license establishments that dispense beer and liquor, and to make rules and regulations (which have the effect of law) to carry out the provisions of the liquor law.

At the end of this section are schedules and charts that summarize the operation of the Commission from 1937, (when the last Liquor Survey Commission published its report) through 1945. In the following paragraphs are tables and charts which when viewed in their totality illustrate the growth and expansion of the liquor and beer systems.

B. The Sale of Liquor

New Hampshire is one of 17 states that now use the monopoly system. "The primary motives that led states from the eastern seaboard to the Pacific coast to adopt the state monopoly system may be stated as follows: to eliminate the private profit incentive in the sale of liquor, to provide a rich new source of state revenue, to maintain a strict form of social control over the traffic in a commodity that is inherently susceptible of abuse, and to give purchasers assurance that the goods they purchase are legal, tax-paid, pure in quality, and exactly as represented in every particular and at a reasonable price.([1])

With the State Liquor Commission acting as an agent of the State for the sale of liquor it follows that the policy of pricing the various brands and allotting quotas to the various stores and licensees is also its task. Setting a price becomes a matter of compromising and reconciling one consideration with another contrary consideration. "The price policy of the State Stores must be to maintain price levels high enough to discourage excessive consumption, low enough to keep out or discourage the bootlegger, at a level to meet competition in neighboring states and sufficient to produce substantial profits for state revenue." ([2])

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(1) 1937 Liquor Survey Commission Report, Page 7.
(2) 1937 Liquor Survey Commission Report, Page 7.

The Liquor Commission, then, is in effect the one liquor wholesaler in the State. It purchases its stock from reputable distillers, manufacturers and importers who ship it to the warehouse in Concord. Upon requisitions from stores and licensees it is shipped to them via licensed carriers. Industries, hospitals and other concerns that require alcohol for industrial or medicinal purposes may obtain same by applying to the Commission, whereas churches that require wine for sacramental purposes may purchase same from other sources.

1. State Stores:

There are, in the main, three catagories of retailers selling virtually all the liquor in the State; State Stores, hotels and clubs. Of these the greatest amount is sold by the State Stores.

Certain considerations are prerequisite to the opening of a store. First the voters must have gone on record as favoring a State Liquor Store in that community. Then a suitable location must be found. It cannot be located within 300 feet of a public or private school, church, chapel or parish house. The sales agents in the store must have resided in that community for at least six months prior to appointment.

The first stores were opened in Manchester, Nashua and Concord on August 17, 1934. By the end of the following year stores were operating in the following additional towns and cities; Berlin, Portsmouth, Littleton, Claremont, Dover, Lebanon, Laconia, Somersworth, Rochester and Keene. During the following year stores were added in Woodsville, Franklin, Colebrook, Plymouth, Derry, Peterborough, Greenville, Conway, Newport, Exeter and Groveton. Later, stores were add in Suncook, Whitefield, Milford, Penacook, Salem, Hillsborough, East Jaffrey, Lancaster and Wolfeboro. To date there are 39 stores, five in Man-

chester, two in Nashua, two in Portsmouth and one in each of the other communities mentioned.

The following table shows the store sales for each of the calendar years from 1937 through May 1946. On a separate table at the end of this section the monthly sale for the same period is shown in comparison with sales to all other licensees.

1937	$3,729,889.75	1942	$6,788,482.54
1938	$3,545,928.35	1943	$8,005,681.93
1939	$3,879,064.75	1944	$9,841,136.30
1940	$4,476,219.75	1945	$11,461,840.26
1941	$5,279,698.60	1946	$14,162,686.26

2. Clubs:

The second largest dispensers of liquor are the 128 clubs now licensed to sell liquor by the glass to *bona fide* members and guests.

For a club to be eligible for a liquor license it must be located in a town that favors the sale of liquor and beer, and to be incorporated under the laws of the State or be affiliated with a national organization and established in that town or city for at least one year. The law prescribes that these licensed clubs shall sell for convenience only and at a reasonable profit determined by the Commission. To insure that this is carried out the Commission requires of each club licensee each month a detailed report showing the income from the liquor sold and the expenses that are properly chargeable to that part of the business.

The following table shows the number of licenses issued to clubs from 1937 through 1946:

1937	56	1942	93
1938	61	1943	91
1939	84	1944	97
1940	94	1945	110
1941	95	1946	128

There were no figures available on the amount of gallons sold to clubs but the following table shows the amount of liquor purchased by the clubs from the Commission: (1)

1944	$536,893.60
1945	$743,928.36
1946	$1,072,924.24

Hotels:

The Commission may at its discretion issue a license to any first class hotel to sell liquor by the glass and wine by the bottle, if the cork is removed, to *bone fide* guests with meals in the dining room, or in the rooms of such guests. In towns or cities that have gone on record as not accepting the provisions of Chapter 170 of the Revised Laws, a first class hotel is eligible for a license notwithstanding, provided it agrees not to serve wine or liquor to residents of that community.

Under an act passed by the General Court of 1945 a further provision was made whereby hotels qualifying as above may obtain a license to serve liquor in any room provided it has no immediate entrance on any public way—"Except that no hotel in a town voting not to accept the provisions of this chapter may obtain such a special license unless it is classified by the Commission as a resort hotel and the sale of liquor be restricted to *bona fide* guests."

The following table shows the number of licenses issued by the Commission from 1937 to 1946, and the amount of liquor purchased during the years 1944 and 1945.

(1) From data furnished by the Liquor Commission. Figures pertain to fiscal year ending June 30.

	Hotel	Hotel Special	Am't Purchased
1937	41	16	
1938	44	19	
1939	54	20	
1940	65	23	
1941	68	25	
1942	62	22	
1943	41	12	
1944	57	24	$122,898.47
1945	78	46	$153,675.44
1946	101	70	

The prices charged by the hotels are arbitrary, but the Commission has the power to suspend or revoke the license of any licensee if it finds after notice and hearing that the profit made from the sale of liquor by such licensee is unreasonable and excessive.

3. Drug Stores:

Another category of licensees are the druggists. Under the provisions of the law any retail druggist may obtain a license to sell liquor for medicinal purposes upon the prescription of a physician practicing in the State. During the past year only a few druggists applied for such a license, the number having constantly decreased from 24 in 1937 to 6 in 1945.

4. Dining Cars:

The only licensees that are not required to purchase liquor from the Commission are dining car licensees. Since 1937 only three railroad or car corporations have regularly applied for such licenses. The only provisions concerning the sale of liquor on trains are that the liquor and beverages must be drunk in the dining car and only while the train is enroute from one terminal to another.

C. The Sale of Beer

Unlike the Liquor System the beer system is quite decentralized. The Commission is not responsible for

buying the product and selling it to retail agencies. Instead it grants permits to wholesalers who buy the beer in bottles and barrels and distribute it to licensed restaurants, hotels, drug stores, and grocery stores. But this does not necessarily indicate that there is less rigid control over the system. No one can manufacture any beverage in the State without first having obtained a permit. No wholesaler can sell any beverage without a permit, nor can he purchase beverages from any manufacturer from outside the State who does not hold a certificate of approval obtained from the Commission. Beverages may be transported only by common carriers that have first obtained a carrier permit. Wholesalers' vehicles used to transport beverages must also be licensed.

Before a person desiring a permit may obtain same, he must first sign a statement setting forth the name and address of the owner of the premises upon which the business is to be conducted. In addition the Commission must be satisfied that the applicant is financially responsible, that he is of good moral character, that he intends to superintend the business himself or by a person approved by the Commission, that in the case of an applicant for an off-sale or on-sale permit no manufacturer or wholesaler of beverages has a substantial financial interest, direct or indirect, in the business or in the premises, and that the proposed location is an appropriate one, considering the number of similar permits issued in that neighborhood. Before granting such a permit the Commissioners hear a report submitted by one of the enforcement agents who had previously investigated the applicant and conferred with local police and citizens and obtained their opinions.

The retail sale of beer falls into two categories; on-sale and off-sale. On-sale permits are obtained by clubs, hotels, and restaurants who serve beer by the

bottle or on draught for consumption on the premises. Off-sale permits are obtained by grocery stores and drug stores that sell beer by the bottle or can only for consumption off the premises.

There are many rules and regulations governing the sale of on-sale and off-sale beer, for in addition to the law the Commission issues directives periodically to all permittees in order to cope with new problems as they arise. Among the more important of these are the following: no beverage or liquor may be sold except between the hours of 6:00 a. m. and 10:45 p. m.: no hotel or club may sell or serve beverages or liquor on Sunday before 12:00 noon: no club permittee or licensee may serve beer or liquor after 8:45 p. m. on Sunday: nor may a hotel permittee or licensee allow beer or liquor to be consumed on the premises after 11:00 p. m. on Sundays.

Permittees may not allow any loitering on the premises. Minors may not be served. No beer or beverage may be sold for credit, except by hotel permittees; no beverages may be sold or served in containers that do not bear the original label. Permittees and/or their waiters or waitresses may not consume beverages on the premises with their customers. No permittee or licensee may give beverages or liquor to members or guests in the form of free drinks. All on-sale permittees must comply with local and state board of health directives in the cleaning of draft equipment, glasses and utensils. The premises must be kept in a clean and sanitary condition at all times.

D. Revenue:

In addition to the Federal tax the State levies a tax of three dollars on every barrel of beverages containing not more than 31 gallons. This tax is paid by the retailer but collected by the wholesaler who submits it to the Commission on or before the tenth day of each

month along with a list showing how much was collected from each retail permittee. Last year a total of $948,912.80 was collected by the Commission from the beer wholesalers in the State.

E. Disposition of Income:

According to law, every six months all net revenue from the sale of liquor is to be transferred to the Special Fund constituted by Chapter 126 of the Laws of 1931 (an act providing a Special Fund for the Rehabilitation of the Treasury Balances and the Retirement of State Indebtedness) and distributed in accordance therewith.

All income from beer operations shall be paid by the Commission to the State Treasurer. The expense of administration and other expenses provided for shall be paid by the Treasurer on warrants of the Governor with the advice and consent of the Council. The balance shall be covered into the Special Fund excepting two of the three dollar tax collected on each barrel of beverages shall be payable to the General Fund.

F. Local Option:

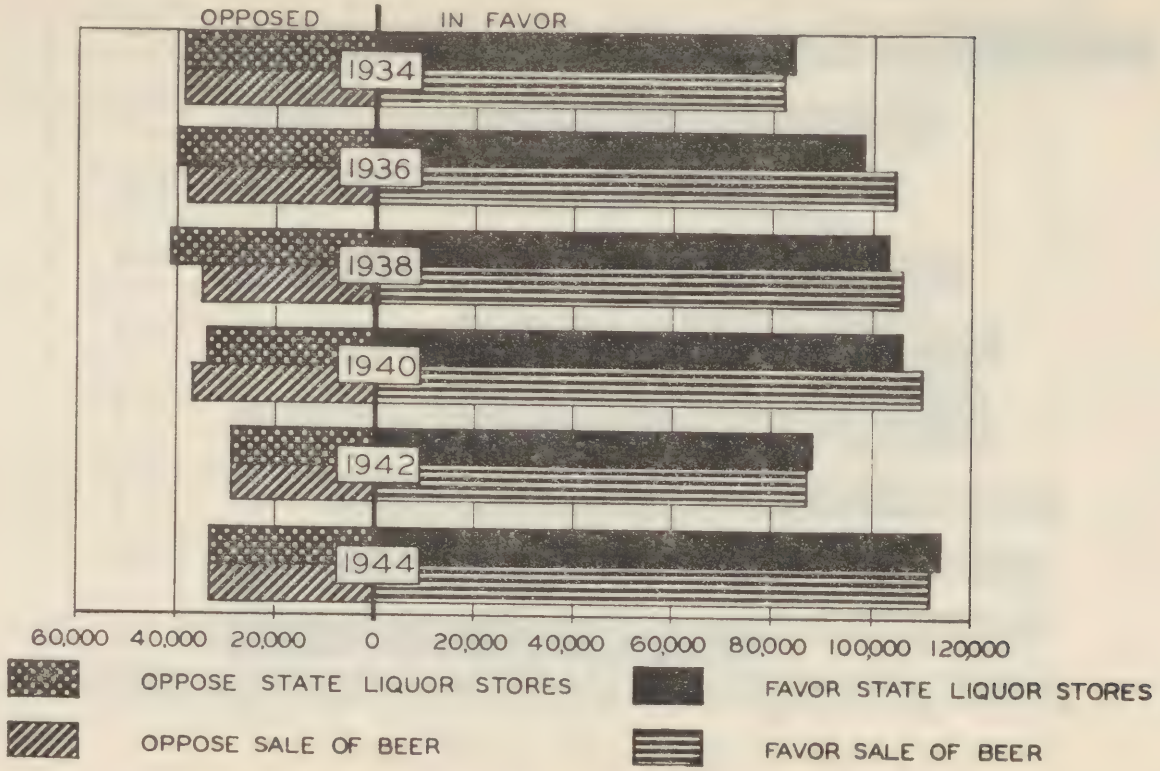
Reference has previously been made to the system whereby towns and cities express their vote as to whether they desire that liquor and/or beer be sold in their community.

The law provides that at each biennial election the following questions be placed on the ballot: (a) "Shall State Stores be operated by permission of the State Liquor Commission in this city or town?" and (b) "Shall beverages as defined in Chapter 170 of the Revised Laws be sold in this town or city under permits granted by the State Liquor Commission?"

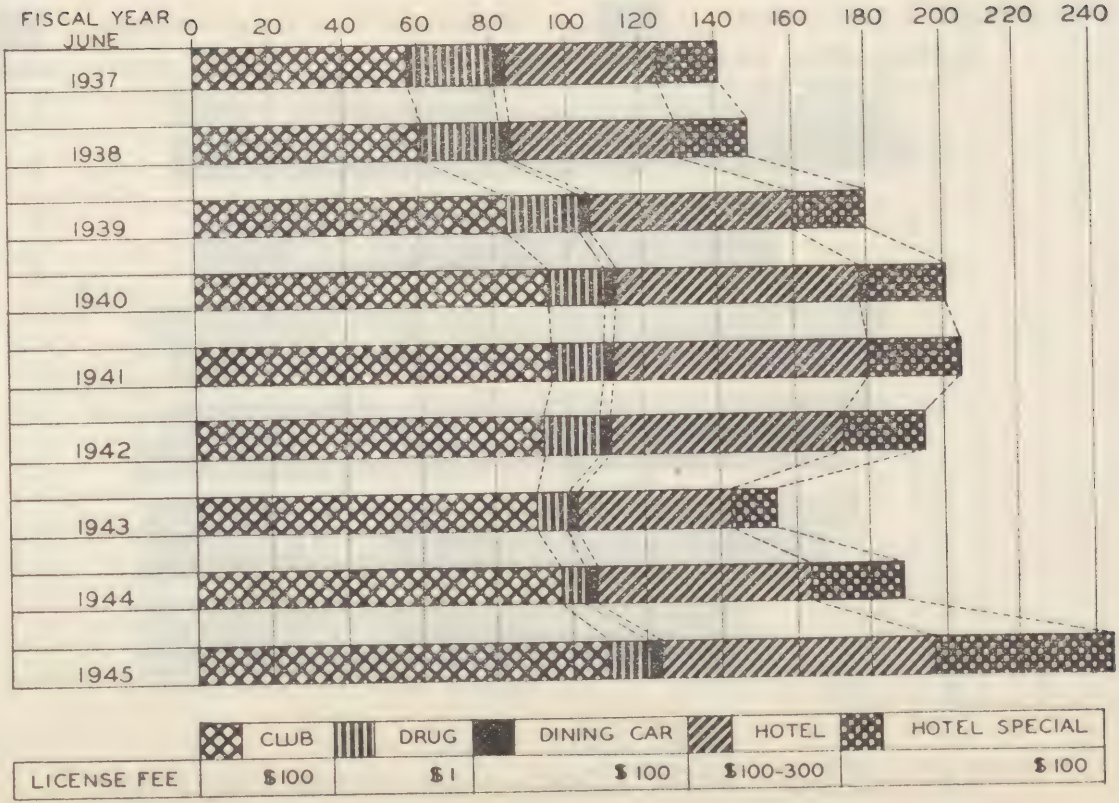
Only if the majority of voters answer "yes" to (a) may the Commission at its discretion establish a State Store in that city or town. Only if the majority of

voters answer "yes" to question (b) may the Commission at its discretion issue permits for the sale of beverages in that city or town. Appended to this report are charts that trace the trend of cities and towns and total state vote in answering this referendum. The tendency toward the affirmative has almost always been on the up-trend. It is for this reason that we base many of our recommendations on the premise that the majority favors the continuance of the present system and that the present system will continue.

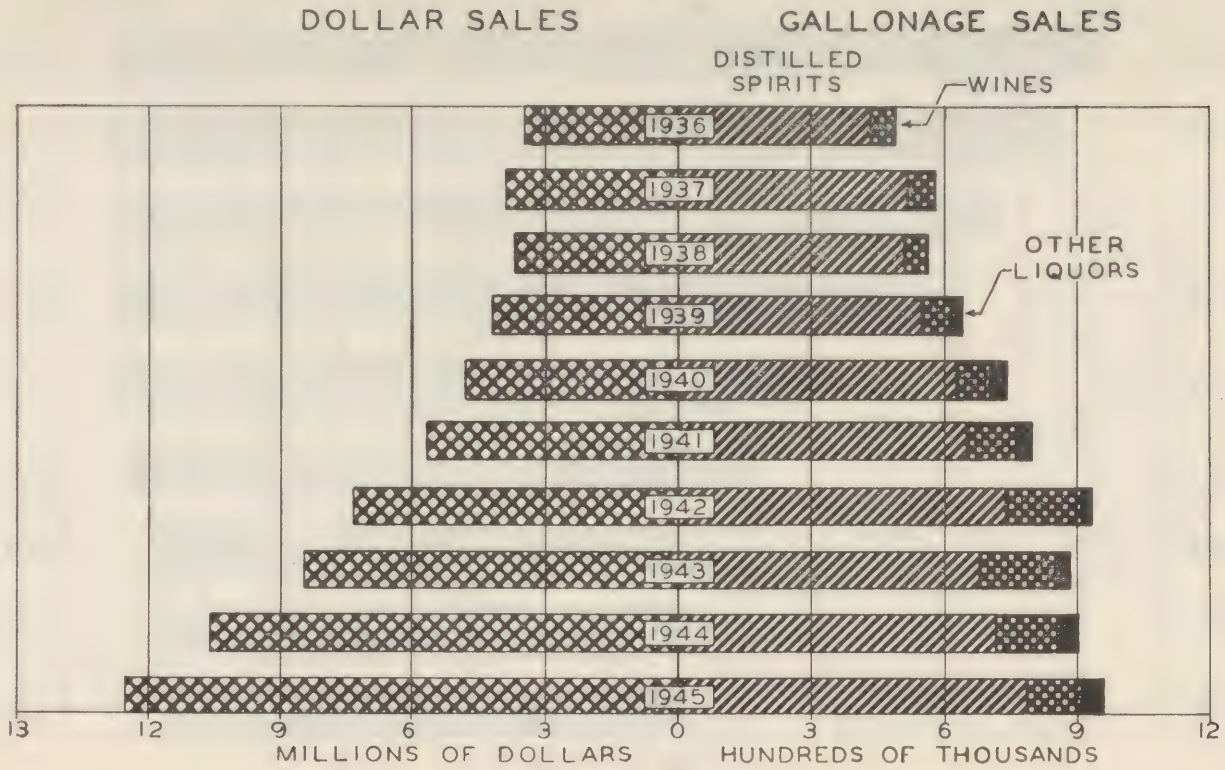
LIQUOR-BEER REFERENDUM RESULTS
BY TOTAL STATE VOTE



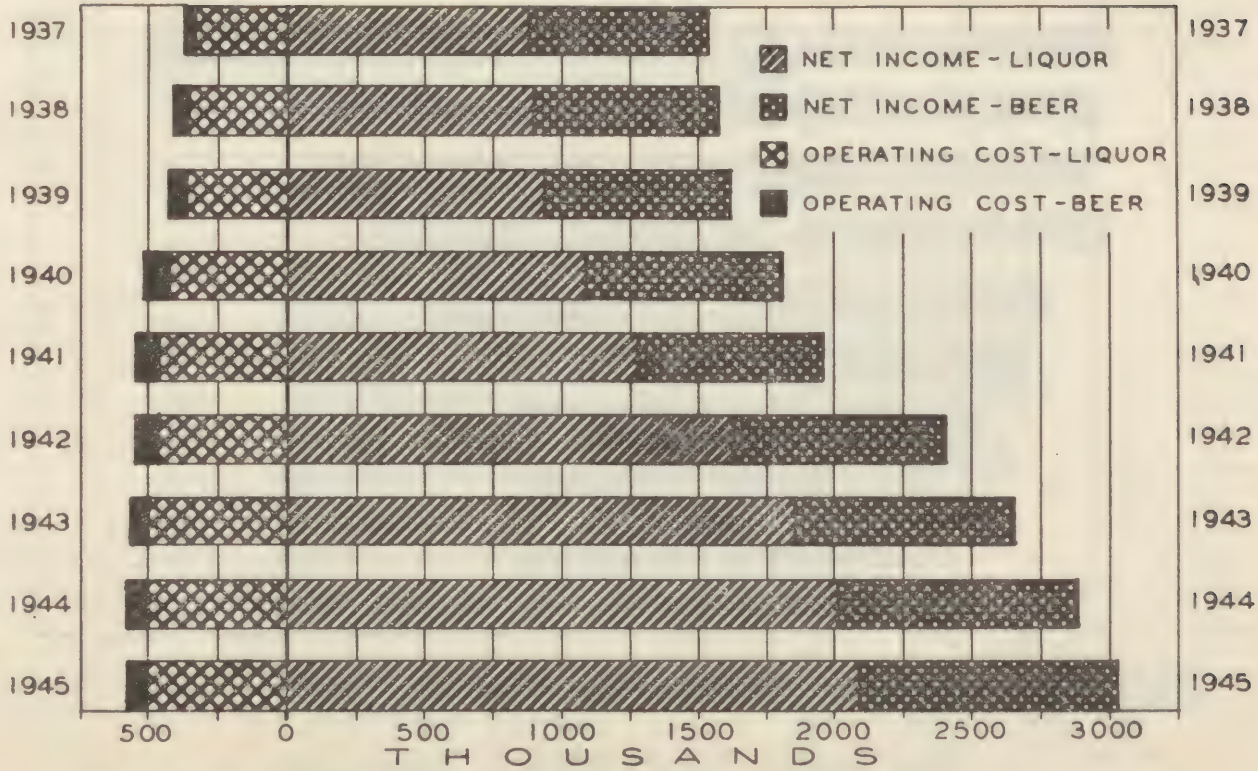
LIQUOR LICENSES ISSUED



TOTAL SALES OF DISTILLED SPIRITS WINES AND OTHER LIQUORS



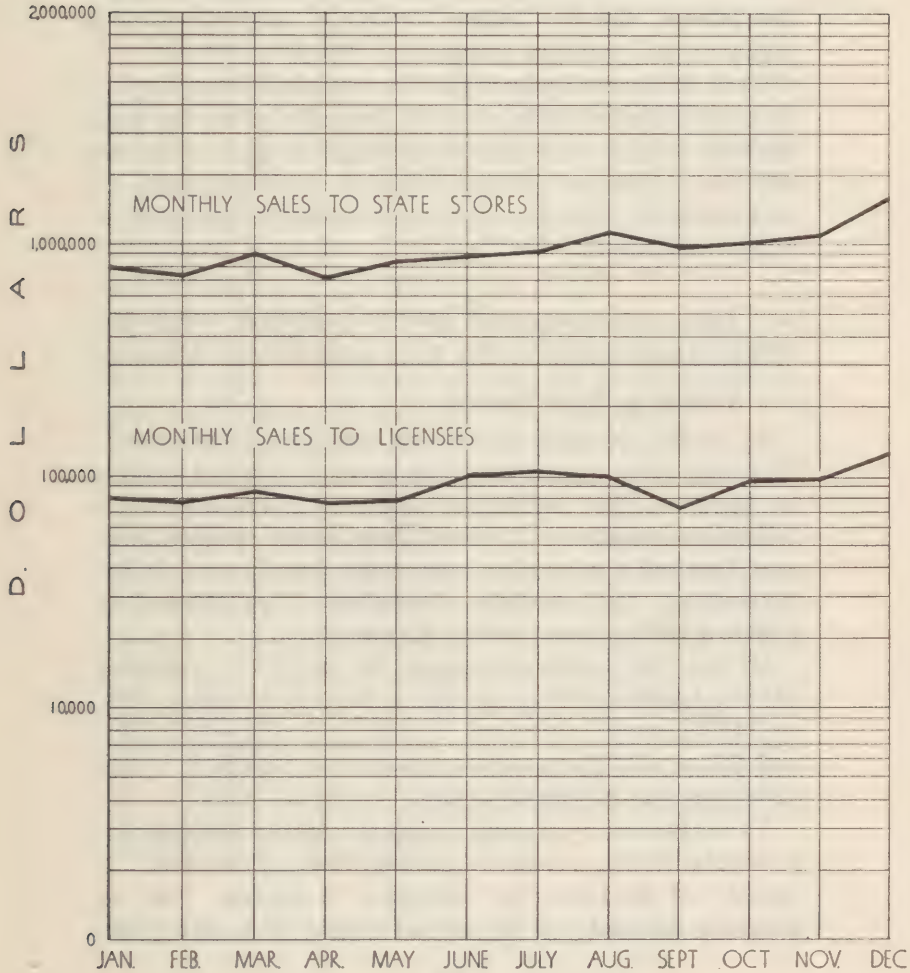
SUMMARY OF INCOME AND OPERATING EXPENSES
1937-1945



Included in "Operating Cost"—Liquor: "Administration," "Liquor Enforcement," "Store Operations," "Warehouse Operations."

Included in "Operating Cost"—Beer: Salaries, Rent, Insurance, Telephone and Telegraph, Heat and Light, Repairs, Supplies, Equipment, Traveling Expense, Mileage, Association Fees, Miscellaneous.

MONTHLY SALES
TO
STATE STORES AND LICENSEES
FOR THE YEAR 1945



SECTION III

THE PROBLEM OF ALCOHOL IN NEW HAMPSHIRE

A general picture of the legal provisions under which the State Liquor Commission carries on its operations, and the extent of these operations, was given in the previous section.

This section will describe the role alcohol is playing as a problem-producing agent; the efforts on the part of both official and private groups to deal with the various problems; and the views of various groups on what can be done for a more successful approach to these problems.

A. Nature and extent of specific problems within the State Resulting from the Excessive Use of Alcohol.

1. Alcohol and the Doctor:

In order to determine the extent to which individuals have been led by the excessive use of alcohol to seek medical attention, doctors were asked the following question: **"About how many people have you treated during the past year for (a) acute intoxication; (b) chronic alcoholism; (c) illness in which drinking was a related factor?"**

Of the 197 doctors replying 98, or 49.7%, reported having treated 672 cases for acute intoxication; 107, or 54.3%, gave treatment to 569 chronic alcoholics; and 90, or 45.6%, reported treating an illness in which drinking was a related factor.

This gives only a rough estimate of the medical by-products of the excessive consumption of alcohol. It would not be safe, for instance, to assume that an accurate estimate of the actual extent of health prob-

lems produced by the excessive use of alcohol would be obtained if the number of cases reported by the doctors who answered were multiplied by 3 in order to take into consideration about two-thirds of the doctors who did not reply. Only further, and continuous, investigation could disclose the real dimensions of this phase of the alcohol problem.

2. Alcohol and the Law:

In the effort to ascertin the extent to which the excessive use of alcohol presents the law enforcement authorities with problems of control, it was decided to limit this study to the more serious aspects of such problems, and rely mainly upon direct sources for information, such as the Chiefs of police, the Liquor Commission, the Department of Public Welfare, and the Motor Vehicle Department.

The chiefs of police were asked to give an "average" of the number of persons arrested in their community each month showing signs of acute intoxication.

The 48 (21.8%) who replied reported a monthly average of 455 (430 men and 25 women) arrests.

Even with such a small number of chiefs of police reporting, the expectation of an annual average of 5460 arrests far exceeds any total in all the cities and nine of the towns during the past three years as indicated in the following table. No explanation of this is ventured, however, except that the past three years were war years with a great number of the man-potential for drunkenness away. And if this happens to be largely the cause, it is reasonable to assume that the problem of drunkenness is bound to increase in seriousness in the immediate future.

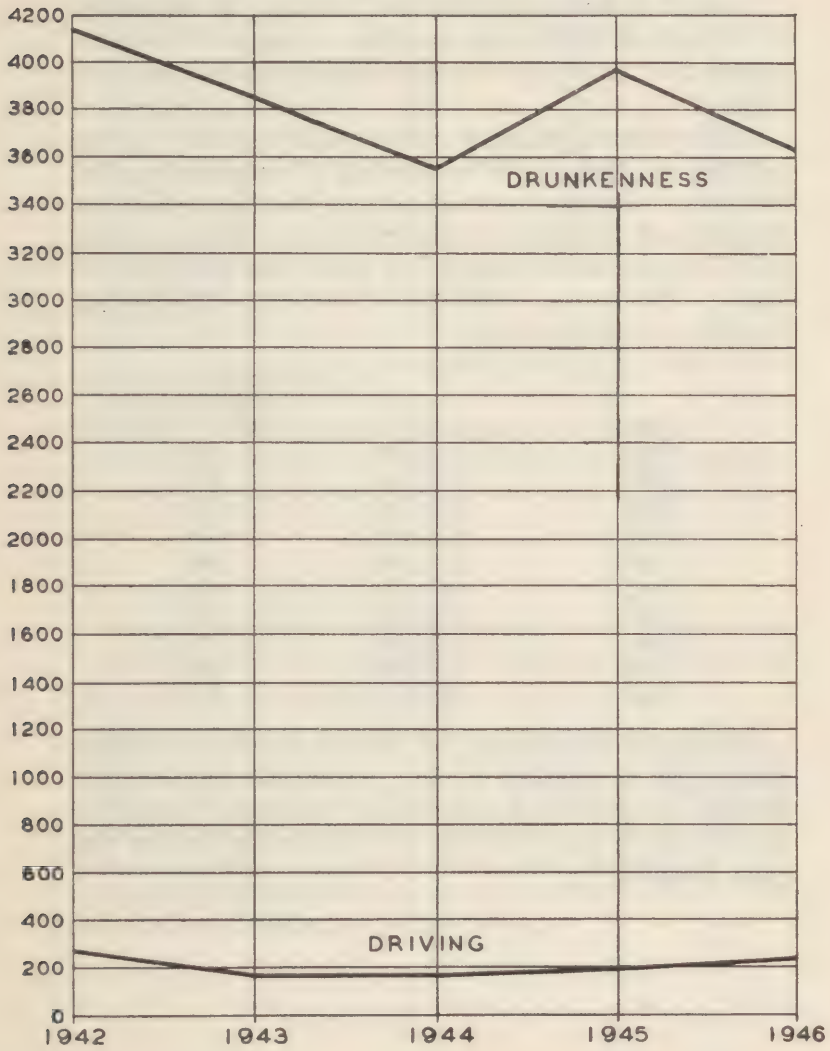
ARRESTS FOR DRUNKENNESS AND DRUNKEN DRIVING

(Data Obtained from Liquor Commission)

CITIES	1942 (July-Dec.) Arrests	1942 (July-Dec.) Drunk Driving	1943 Arrests	1943 Drunk Driving	1944 Arrests	1944 Drunk Driving	1945 Arrests	1945 Drunk Driving	(Jan.-June) 1946 Arrests	(Jan.-June) 1946 Drunk Driving
Berlin	223	5	216	6	230	8	425	16	222	7
Concord	98	17	222	9	227	18	293	24	167	15
Dover	72	3	144	6	193	15	212	16	88	5
Franklin	41	6	52	6	34	6	53	7	34	23
Keene	238	1	465	4	313	..	236	..	149	4
Laconia	70	6	107	4	78	6	96	12	71	13
Manchester	420	18	993	27	1016	33	1064	51	685	34
Nashua	298	12	584	23	620	13	658	2	..	..
Portsmouth	267	14	519	26	446	10	391	8	168	2
Rochester	55	10	91	13	86	13	92	5	62	9
Somersworth	24	2	61	2	28	6	30	12	14	11
TOWNS										
Ashland	11	2	8	1	6	1	14	8	5	..
Claremont	88	9	137	12	119	15	163	16	..	..
East Jaffrey	4	2	9	..	2	..	7	..	6	..
Haverhill	11	2	27	5	37	7	26	4	14	..
Lebanon	52	13	55	17	65	14	66	13	40	6
Lincoln	14	1	47	3	90	1	88	2	54	..
Littleton	21	2	36	2	..	..	..	..	..	..
Peterboro	11	2	21	3	9	3	10	2	7	5
Plymouth	53	8	49	3	59	2	45	4	31	3
Totals	2071	135	3852	172	3558	171	3969	196	1817	117

ARRESTS FOR DRUNKENNESS AND DRUNKEN DRIVING

(DATA OBTAINED FROM LIQUOR COMMISSION)



In the previous table, arrests for drunkenness and drunken driving since July 1942 (when the Liquor Commission began recording such date) are given.

It must be borne in mind that the data do not apply to the whole State, but only the cities and the nine towns that the Liquor Commission have chosen as a base.

In an effort to obtain a more complete picture of the relation of alcohol and the driving of automobiles, the following table was obtained from the Motor Vehicle Department indicating the number of licenses revoked after conviction for operating under the influence of liquor. The period covered is nine years. The figures apply to the whole State.

Year	Licenses Issued	Revoked after conviction for operating under influence of liquor
1937	159,664	868
1938	159,754	677
1939	203,624	711
1940	204,431	694
1941	175,589	901
1942	161,481	614
1943	157,462	331
1944	139,967	324
1945	158,598	397
1946	190,940	816

From the Department of Public Welfare a table shows the proportion of the individuals sent to the Houses of Correction because of addiction to alcohol in relation to the total number of inmates during the year 1944-45.

Number of Persons Committed to Houses of Correction Because of Intemperance*

COUNTY	Number of Prisoners during year 7/44-6/45	Committed because of Intemferance	Per cent
Total	956	588	61.5
Belknap	65	36	55.4
Carroll	66	26	39.4
Cheshire	86	29	33.7
Coos	83	52	62.7
Grafton.	58	30	51.7
Hillsborough ...	340	256	75.3
Merrimack	113	72	63.7
Rockingham ...	90	54	60.0
Strafford	not reported		
Sullivan	55	33	60.0

The proportion is obviously extremely large, considering that intemperance is only one of many reasons for which individuals are committed to the Houses of Correction. Whether such confinement, however, is the proper solution will be discussed in another part of this report.

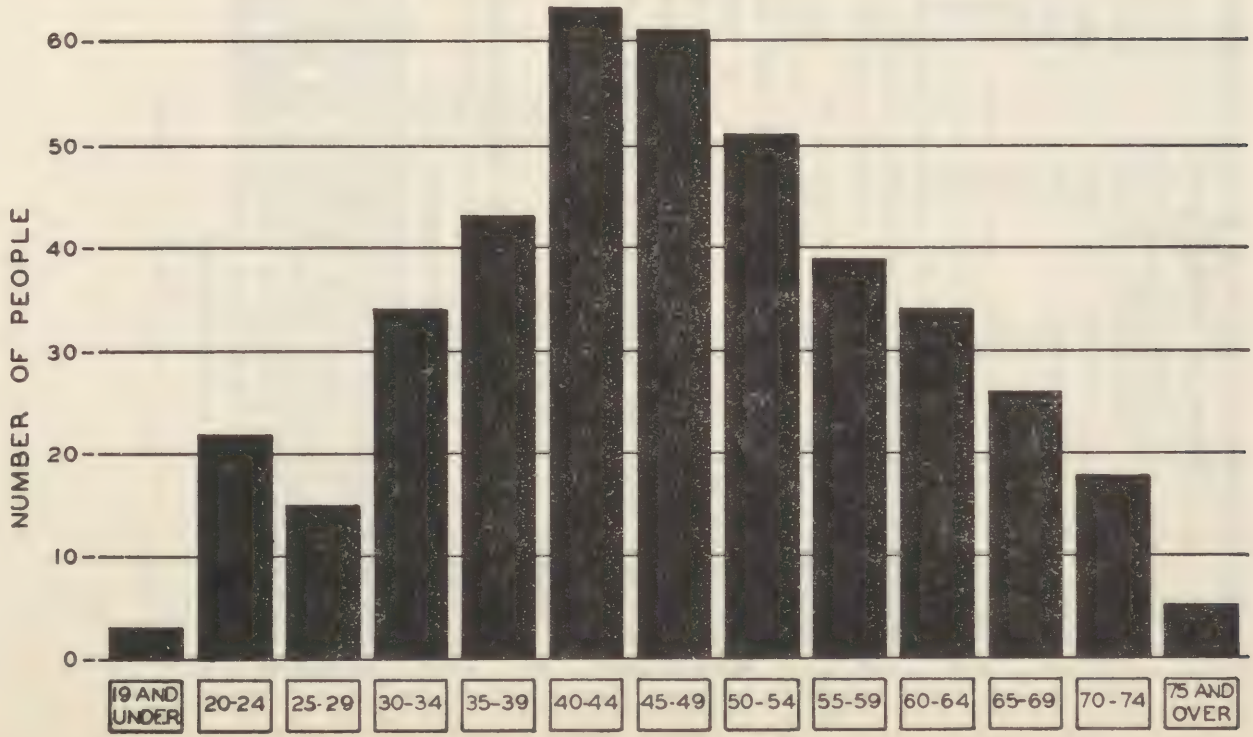
3. Alcohol and Public Relief:

What proportion of those on public relief are State wards because of the excessive use of alcohol either by them or other members of their families?

This proved to be one of the most difficult questions to answer, as no data could be obtained on a sufficiently large scale. The Department of Public Welfare to which this question was proposed reported that it would be impossible to obtain an answer from the records in their possession as these records do not include alcohol as a factor in public relief.

* Intemperance—term used by officials of Houses of Correction.

AGE GROUP DISTRIBUTION OF PERSONS IN HOUSES OF CORRECTION
BETWEEN JULY 1 1944 AND JUNE 30 1945 BECAUSE OF INTEMPERANCE



In fact, further investigation showed that not only do local relief authorities follow the same procedure—not listing alcohol as a factor—but in some cases relief is withdrawn upon discovery of drinking within the family.

4. The Alcoholic:

Dr. Jellinek has defined the various classes of drinkers as follows: "By excessive drinkers we shall mean those persons who drink to an extent which exposes them to the risk of becoming compulsive drinkers and developing chronic alcoholism. By compulsive drinkers—commonly called alcohol addicts—we shall mean drinkers who, athough they wish to stop drinking, are irresistibly driven to it through an unconquerable fear that without alcohol they will not be able to exist. By chronic alcoholics we mean persons who, in consequence of prolonged excessive drinking, have developed a bodily disease or mental disorder, irrespective of whether they arrived at this stage through compulsive drinking or not. By inebriates we shall mean the aggregate of uncomplicated excessive drinkers, compulsive drinkers, and chronic alcoholics." (1)

Research thus far has yielded the following conclusions:

1. The continuous use of intoxicating beverages may initiate in an individual a gradual physiological transformation giving him ultimately a physiological chemistry different from that of the average normal person.

2. The same individual may gradually go through a process of mental development which ultimately would differentiate him from a normal person, such

(1) *Alcohol, Science and Society,* p 23-24. New Haven, Quarterly Journal of Studies on Alcohol, 1945.

differentiation becoming noticeable especially in the field of self-control, with the alcohol addict eventually losing all such control over his actions in so far as alcohol consumption is concerned.

3. Both these physiological and mental changes exert a gradual but mounting influence upon the individual's network of social relations leading ultimately to the total loss of self-respect and that of his associates, and an eventual (both mentally and socially) isolated existence.

4. Conversely, an individual's physical, mental, and social attributes may be such that a desire for intoxicating beverages is generated, the continuous satisfaction of which may by degrees increase his reliance upon alcohol and turn the desire into a compulsion and the person into an addict.

The number of alcohol addicts belonging to either of those two cycles has not as yet been determined.

Doctors and clergymen were asked the following questions:

"Comparing the alcoholic with the non-alcoholic patient or parishioner, would you say that the former is:

a) Less co-operative
b) More co-operative
c) No different."

The overwhelming majority of both doctors and clergymen consider the alcoholic as a very *uncooperative* individual.

Of the 172 doctors answering this question, 117 consider him definitely as less co-operative; 51 as no different; and only 4 as more co-operative.

Of the clergymen, 96 answered this particular question. Of these, 77 believed the alcoholic as less co-operative; 13 as no different and 6 as more co-operative.

Typical comments among both groups were as follows:

"The alcoholic is absolutely unreliable. He can be temporarily co-operative but only the strictest, constant supervision has any chance of helping him to cooperate. He cannot without assistance."
—Clergyman

"Most of them resent anything that takes away their liberty, such as obtaining alcoholic drink"
—Doctor

"I have found this to be strikingly true—in the sober state, alcoholics are much more helpful. Perhaps this is because, realizing their own shortcomings (and most of them do) they have a desire to promote the general welfare either as a sort of unconscious retribution for their failing or as an extrovert act in which they seek expression in the same way that they do in drinking." —Clergyman

It should be obvious that if the majority of opinions of these two groups reflects accurately a strong non-co-operative streak in the alcoholic, any proposals for future treatment and rehabilitation of alcoholics should embody measures for a strict supervision and direction of such treatment.

Bearing on this same point — the question of rehabilitation — these same two groups were asked whether:

a) Alcoholics can be permanently cured
b) Alcoholics usually relapse

Whereas approximately one out of four doctors believes that the alcoholic is permanently curable, the clergymen were practically equally divided with 54 answering "yes" to question (a) and 63 "yes" to (b).

It must be pointed out, however, that many of the doctors who answered question (b) in the affirmative explained in their comments that they believe the alcoholic usually relapses chiefly because of the inadequacy of the existing facilities of treatment.

Some interesting clues as to how alcoholism is viewed by all five groups are reflected in their respective answers to the question:

"To whom would you normally refer an alcoholic for treatment?"

The following table presents a collective picture of the results which have been tabulated on the basis of each group's choice of preference among several alternatives.

	Hospital or Sanitarium	Physician	Psychiatrist	A. A.	Clergyman	Other (Social)
Doctors	41.5%		30.7%	21.7%	5.2%	.9%
Clergymen		22.6%	21.4%	51.2%		4.8%
Chiefs of Police		37.9%	25 %	22.9%	7.1%	7.1%
Educators		40.2%	28 %	26.1%	3.8%	1.9%
Judges		34.4%	27.9%	21.3%	11.5%	4.9%

From a glance at the table it is obvious that to the clergymen the problem of alcoholism is primarily one of a moral and religious nature (which is the essence of the technique used by Alcoholics Anonymous) since that particular group (the A. A.) ranks by far as first in their choice. To the doctors, the psycho-physical aspects apparently rank first as controlling factors. In this they seem to have the support of the other three groups.

The comparatively high rank given to Alcoholics Anonymous by every one of the groups seems to indicate the possibility of future co-operation with the A. A. in any effort towards the treatment of alcoholics that may be initiated by legislative act.

No way was found of determining accurately the probable number of alcohol addicts and excessive drinkers with the State. No records are in existence which could give such information. An attempt was

made to reach a rough estimate by asking the three groups with which such individauls may come into contact, the doctors, the chiefs of police and the clergymen.

It has already been stated that the 197 doctors (35% of the total number of doctors in the State) reporting, have treated during the past year 569 chronic alcoholics, 672 cases for acute intoxication, and 730 persons involving illness in which drinking was a related factor. There is no way of determining how much overlapping there is in these figures; only a protracted thorough investigation could disclose that. These figures, however, give an idea of the role alcohol is playing in sickness, especially when it is remembered that only a fraction of the medical profession reported.

The clergymen, who were asked a somewhat similar question, reported that during the same period 179 persons (155 males and 24 females) appealed to them for advice in an effort to cope with alcoholism. Here, too, we should remember that only 22% of the clergymen replied, and that the figure is only an indication of the extent of the problem of alcoholism.

The chiefs of police were asked:

"What is your estimate of the number of chronic alcoholics in your community?"

The 48 (21% of the total) replying gave us the figure: 1033 (920 males and 113 females).

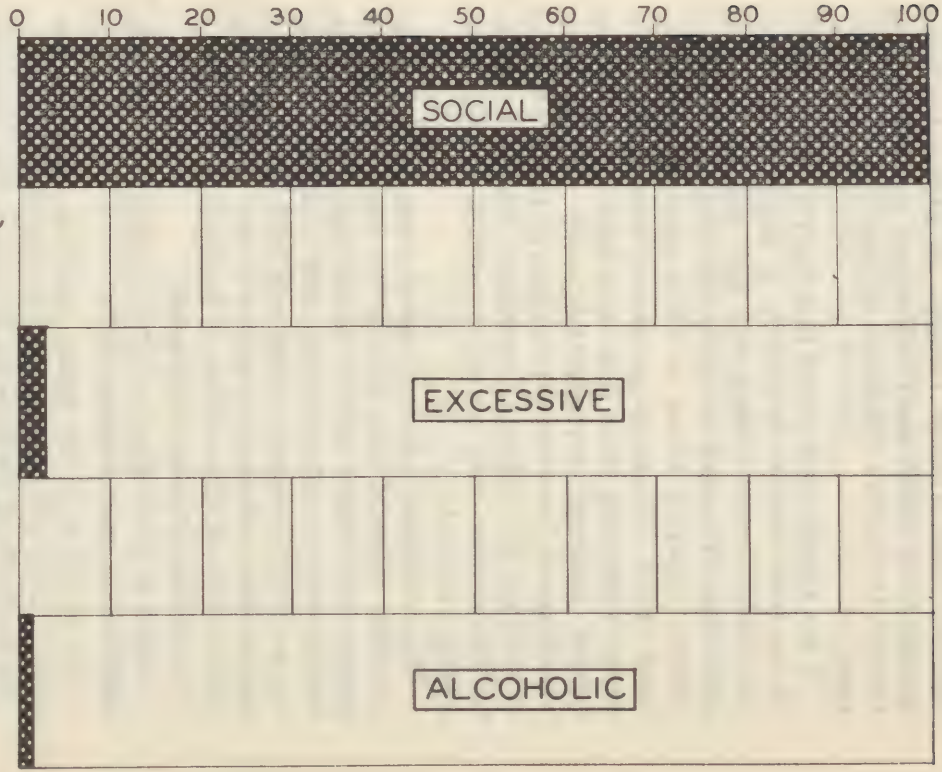
On the basis of the formula devised by The Research Council on Problems of Alcohol, there are in New Hampshire approximately 160,000 who "take a drink." Of these, 7,200 could be considered as "excessive drinkers," and almost three-fourths of them, that is, 4,800, are individuals who "can stop" drinking given the proper stimulus, or direction; the rest, 2,400 must be considered alcoholics who may be rehabilitated under

ALCOHOL CONSUMERS IN NEW HAMPSHIRE

160,000
THOSE WHO "TAKE A DRINK"

4800
THOSE WHO "CAN STOP"

2400
ADDICTS



proper and protracted treatment, and whose "alcoholism" may be "arrested," though never cured.

These findings enable one to see the problem of alcohol in its proper perspective: For:

1. It differentiates between alcoholism and the "use" of alcohol.

2. It defines sharply that group of individuals—the alcoholics—who for various reasons, physical, mental, and social, become the victims of the pernicious effects inherent in the excessive use of alcohol, and in so doing offers a clear and distinct target upon which efforts at rehabilitation should be directed.

3. It further defines, and *isolates* a larger group, out of which the alcoholics of the future would emerge, and presents a problem, not so much of rehabilitation in this case, but *prevention,* requiring different technique and measures if a solution is to be sought.

4. It brings into bold relief the fact that to the great majority of people who drink (approximately 152,000), alcohol is neither a source nor a cause of physical and mental illness, or social ostracism and isolation, but part and parcel of a pattern of life.

It goes without saying, therefore, that any program devised with the idea of coping with the problems charaterizing the first two groups, should take into consideration the interests of this third group and a fourth group, the non-drinkers.

B. Means within the State for Coping with the Problems Attendant to Excessive Drinking.

One of the objectives of this study was to appraise the existing official and private facilities, which are attempting to meet the need for services, the problem of excessive drinking entails. This involved de-

termining what specific agencies or institutions occupy themselves with the alcoholic, and/or the anti-social acts resulting from the excessive use of alcohol.

1. Government-Supported Institutions:

a. The State Hospital

The most extensive work in the State in the field of treatment is the work carried on at the State Hospital in Concord. Not only does it accept for treatment persons who have been committed because their addiction to alcohol is involved with some form of psychosis, but it also accepts individuals who have come of their own accord because their own efforts have not proven sufficient to control their craving for alcohol. If it is seen that their intentions are forceful and sincere, an effort is made to help them. The following table shows the number of cases of alcoholics admitted to the State Hospital over a six-year period.

FIRST ADMISSIONS

	With Psychosis			Without Psychosis		
Year	Male	Female	Total	Male	Female	Total
1941	20	2	22	16	0	16
1942	17	3	20	14	1	15
1943	16	5	21	11	1	12
1944	12	5	17	8	2	10
1945	28	7	35	9	1	10
1946	37	4	41	25	7	32

READMISSIONS

	With Psychosis			Without Psychosis		
Year	Male	Female	Total	Male	Female	Total
1941	6	1	7	4	0	4
1942	2	0	2	2	2	4
1943	6	0	6	5	1	6
1944	5	3	8	4	0	4
1945						
1946	..	..	..	..	..	..

b. The County Houses of Correction:

The greatest number of alcoholics and potential alcoholics under official supervision can be found in the 10 county houses of correction. As is the case

throughout the country, alcoholics are too often regarded as a penological problem, even in spite of the admissions of chiefs of police, superintendents of county farms, judges and other interested groups that the jail as designed today is of little rehabilitative or remedial value. Sending a drunk to jail to "teach him a lesson" is a policy as primitive as it is worthless. "True, to the law-abiding member of society who participates in community life, a month in the county jail would be very punishing, but the usual drunk, especially the one regularly sent to jail, is not a participating member of the community. The life of the usual drunk is so slightly rewarding, is so uninteresting, is so circumscribed that he is not much hurt by a sojourn in jail."(1) In fact, to many an ordinary drunk, the jail with its warmth in winter, its regular meals, clean beds, freedom from work, is an ideal place to recuperate from an extended binge.

But it is necessary that they be arrested. They are a menace to themselves and society. They get hurt by falling, by traffic; they set a poor example to young people. They disturb the peace and cause numerous offenses against society. The public deserves protection from such a menace.

c. The Police Courts:

When the great volume of cases of arrests for drunkenness is considered, it becomes apparent that a large part of our police is necessary because of drunks. In Connecticut they found that *two-thirds* of all arrests (apart from arrests for violation of motor vehicle laws) were for drunkenness, and furthermore, that of the remaining third, ten per cent of the arrests were for offenses in which drunkenness was a contributing cause.

There is no reason to assume that conditions in our State are different. In fact when it has already been

(1) "Drunkenness in Wartime Connecticut," P. 29, issued by the Conn. Crime Survey in 1943.

pointed out that 61.5% of all persons in the county houses of correction in 1945 were committed because of intemperance, it is natural to conclude that our condition is only too similar.

One of the greatest obstacles in obtaining accurate data on arrests for drunkenness was the difference in policy on the part of the various chiefs of police toward arresting, confining and arraigning drunks.

In the smaller communities especially a common practice exists—that of locking a drunk up for "safekeeping" and releasing him when sober. In the cities this prerogative is seldom used.

Interviews with police chiefs brought forth two more important facts: (a) That in virtually every case the arresting officer's opinion of what constitutes drunkenness is the criterion of the man's degree of drunkenness and (b) that there is a total lack of uniformity in the method of recording drunkenness cases and in processing them.

The Commission is not contending that persons are being unfairly arrested for drunkenness nor that the police are too lenient with drunks, but calling attention to the fact that techniques for determining a man's degree of intoxication now in wide use are as ancient as they are unreliable. A person's degree of intoxication cannot be measured accurately by smelling his breath or by observing how he walks. There is a wide disparity in the overt actions of individuals even though they may have consumed the same amount of alcohol. A hardened drinker may *appear* to be more sober after drinking a pint of liquor than the novice may appear to be after imbibing one or two cocktails. With the introduction of increasing amounts of alcohol into the body comes a corresponding decrease in reaction time and in perception that can only be validly determined by scientific tests and measurements.

At Yale University an apparatus called the alcoholometer has been invented that actually measures the amount of alcohol present in the blood. Connecticut's state and local police have been using this machine for some time. It is portable and extremely simple to operate. A dial calibrated from 0 to 0.3 indicates the amount of alcohol present. For legal purposes a concentration of 0.15 or more may be considered as indicating drunkenness.

It may be said, therefore, that the possibility for establishing an accurate—and, therefore, legal basis for the definition of drunkenness is available.

The discretionary power now in the hands of local police is definitely lax. It is hard to justify the continuance of a system whereby in one community a man is arrested for "safekeeping" only and released when sober while in another community a man arrested for drunkenness has to appear before court and be made liable to a fine or a jail sentence.

2. Privately-Directed Activities:

a. The Hospitals:

To determine what hospital facilities were available to the excessive drinker a questionnaire was mailed to the 43 hospitals and sanatariums in New Hampshire.

More than 50 per cent replied. Of these that responded, five will accept persons suffering from acute intoxication. Six hospitals will accept alcoholics, but will only treat such concomitant bodily ailments as pellagra, cirrhosis of the liver, beriberi, etc. These 11 hospitals treated a total of 106 persons during the past year, more than one-half of whom were reported by one hospital.

Only two hospitals indicated that they accept alcoholics as such for treatment and rehabilitation. Only one indicated that it had plans for the future

care and treatment of alcoholics with an additional one saying, "We might or should."

No one questions the right of a general hospital to select its patients. The general policy of hospitals not admitting alcoholics is based on the opinion that alcoholics are non-cooperative, that they are a disturbing element, and that there are more important diseases that require treatment than alcoholism.

b. The Churches:

The impression that the churches are interested in the problem of excessive drinking was validated by the replies received . . . . 119 of a total of 526 forwarded.

From these replies it was learned that 179 alcoholics sought their pastor's advice. In answer to the question, **"How have these people come to you mainly?"** 38 clergymen said, "Of their own accord"; 27 said, "Through their families"; and 12 said, "They come at the suggestion of a doctor, the police or another source."

In answer to the question, **"What is your procedure in handling such a case,"** 58 clergymen indicated that they guide him in an attempt to overcome his excessive drinking and 29 indicated they refer the alcoholic mainly to Alcoholics Anonymous and also to general physicians and psychiatrists.

c. The Doctors:

As was pointed out before, of the 197 doctors who answered the questionnaire 98 during the past year treated a total of 672 persons suffering from acute intoxication. Ninety treated a total of 569 cases of chronic alcoholism. Many doctors express a reluctance to treating such people. Even though they know that the alcoholic is a sick person, they have an understandable aversion toward the drunk. He is boisterous; he doesn't carry out orders; he is annoying and

unmanageable. He doesn't pay his bills. But the doctor makes an effort even though he realizes his work is only one phase of the program that must be focused upon the alcoholic before any kind of results can be obtained. Only 22 doctors indicated that alcoholism should be treated by a general practitioner as against 47 who said that it should be treated by a psychiatrist and 140 who indicated that the combined efforts of both are required.

A total of 166 doctors answered in the following manner: the question, **"What do you generally do with those under acute intoxication?"** "Sober up and dismiss" — 62; "Sober up and treat" — 69; "Sober up and refer elsewhere" — 35. A total of 177 doctors answered in the following manner the question, **"What do you generally do with chronic alcoholics?"** "Treat (Sedation, vitamin therapy, etc.)" — 97; "Treat and refer elsewhere" — 34; "Refer elsewhere" — 46.

For further treatment the doctors recommend a hospital or sanitarium (41.5%), a psychiatrist (30.7%), Alcoholics Anonymous (21.7%), and other agencies (6.1%). Only 58 doctors think the alcoholic could be permanently cured as against 144 who think he usually relapses.

The large proportion of replies received from the doctors and the comments they volunteered indicated a great interest in the problem of alcoholism.

d. Alcoholics Anonymous:

This is a national organization, originated 12 years ago and now having a constituency of about 50,000 members belonging to 752 chapters. Recently groups were established in Dover, Manchester, Concord, and Nashua.

The publicity it has been receiving lately has been favorable, particularly because it is about the only lay agency that does effect cures and does so in a unique

manner. It appeals to the alcoholic's moral sensitivities. It calls for the acceptance of some "higher power" as being vital to the cure and believes that the greatest aid can be extended through the helping hand of a recovered alcoholic.

A. A. reports about three-fourths of its prospects successfully respond to the particular type of therapy and forsake alcohol completely. This group can offer only a partial contribution to any extensive program of rehabilitation. In so far as prevention is concerned, its techniques have not as yet projected in that sphere.

3. Summary of Facilities in New Hampshire: (Comparison with those in other states)

It has been pointed out that there is no organized large-scale effort in New Hampshire to give assistance to the alcoholic. Nor are there any institutions that are devoting a large portion of their time and effort to treat and attempt to rehabilitate the alcoholic. He is regarded in practice if not in thought as a penological problem, an attitude which is now generally decried. Society gains nothing whatsoever by sending the drunk to jail except temporary protection.

> "The jail is by nature an 'under-socialized environment," say the authors of "Drunkenness In Wartime Connecticut" — page 29. "In the jail there is no organized activity. There is no community life, no family life, no job. There is not even a normal population, whether normal is considered from the standpoint of age distribution, sex distribution, occupation, wealth, education, personality or other characteristics. Life in jail demands practically no co-operation with others; it never demands the assumption of responsibility, decision or action. It is about the last place in the

world in which one can expect a human being to learn how to live in society."

The hospitals feel they do not have the staff, space or facilities to care for the alcoholics. They regard alcoholism as a sickness that should be subordinated to the treatment of more important organic disorders. It is not the hospitals in New Hampshire alone that refuse to devote time or effort toward treating alcoholism. Only 110 institutions in the entire nation listed by the American Medical Association accept alcoholic patients, and many of these are content to merely restore the patient to sobriety—to "dry him out," to use the vernacular—failing to treat the underlying causes of his condition.

The doctors are definitely interested in the problem and disappointed in and thwarted by the lack of adequate facilities to effect the rehabilitation of alcoholics. They are likewise cognizant of the fact that alcoholism is not merely a disease to be treated medically but is often a symptom of mental conflicts and emotional disturbances from which the individual seeks to escape by drinking.

Another group concerned with the meagerness of adequate facilities within this State for the treatment and rehabilitation of the alcoholic is the judges. Of the 44 municipal and superior court judges who answered the questionnaire only one thought that the present facilities are adequate.

The State Hospital in Concord does not have the space nor the staff to accept all alcoholics who desire treatment, let alone those who should have it for their own sake—and perhaps more—society's sake.

The Probation Department with its 10 district officers cannot possibly maintain supervision over the drunks who are arrested and discharged. Placing

drunks on probation would create a case load on that department under which it would stagger.

From the evidence presented, it would seem that New Hampshire has been definitely delinquent in its responsibility toward the alcoholic. In this, it is not alone. However, by expressing its interest in the subject by creating this Commission, it has placed itself among the first states attempting to study the problem and effect a solution.

The greatest work in the field of research and rehabilitation is being carried on in Connecticut. With professional assistance and guidance from Yale University (one of the pioneers in the study of alcoholism) it enacted legislation that has made possible the establishment of two clinics that offer diagnosis and guidence to inebriates. About $200,000 a year is made available to the board that directs the activities.

New Jersey has a Commission for the Rehabilitation of Alcoholics and the Promotion of Temperance with a grant of $25,000 for its first year's study.

C. Comparative Views of the Groups Questioned on What Could Be Done in the Future.

The discrepancy that exists today between the magnitude of the alcohol problem and the inadequacy in services and facilities within the State constitutes a strong challenge for a constructive program.

It seemed desirable, therefore, that a few questions bearing on the three important phases of alcoholism—prevention, diagnosis, and rehabilitation—be included in the questionnaires sent out to the groups chosen.

Chief aims were: first, to assess the attitudes of the various groups as to desirability for some action; and second, to discover the degree to which any or all groups would be willing to lend their support to such action in the future.

The answers given to the ensuing questions strongly indicate a great awareness among all groups that something ought to be done, and also lend great support to the belief that the State should assume the responsibility of initiating and directing the necessary measures.

To the question:

"Would you like to see a State sponsored informational campaign aimed at enlightening the public on the subject of alcoholism?" the groups were divided as follows:

	Doctors	Clergymen	Judges	Chiefs of Police	Educators
Yes	85.3%	93.2%	88.6%	77.1%	90.9%
No	11.1%	.9%	6.9%	16.7%	6.8%
No Opinion	3.6%	5.9%	4.5%	6.2%	2.3%

Any such campaign should, therefore, receive overwhelming support on the part of these groups. Of interest is the fact that only one clergyman of the 119 replying was against such a campaign for reasons that he did not disclose.

To the question:

"Do you approve of the dissemination of scientific knowledge on the nature and effects of alcohol through the public school system?" the replies were as follows:

	Doctors	Clergymen	Judges	Chiefs of Police
Yes	83.8%	93.2%	88.6%	79.2%
No	11.1%	3.4%	9.1%	16.7%
No Opinion	5.1%	3.4%	2.3%	4.1%

To the question:

"Would you be in favor of establishing information centers to give advice to alcoholics or their families on the basis of recent scientific research?" replies were received as follows:

	Doctors	Clergymen	Judges	Chiefs of Police	Educators
Yes	82.7%	84.9%	79.5%	75 %	88.6%
No	13.7%	8.4%	11.4%	14.6%	9.1%
No Opinion	3.6%	6.7%	9.1%	10.4%	2.3%

A less enthusiastic though still considerable support was elicited from the groups by the following question:

"Would you favor the establishment of a clinic or clinics for the ambulatory treatment of alcoholics?"

	Doctors	Clergymen	Judges	Chiefs of Police	Educators
Yes	64.4%	73.9%	75 %	77.1%	79 %
No	31 %	11.8%	9.1%	14.6%	15.9%
No Opinion	4.6%	14.3%	15.9%	8.3%	9.1%

Obviously such an undertaking would receive much less support from the doctors than from any of the other groups. The slightly more than two to one support, however, the doctors are willing to give to a clinic is not negligible. In fact, the New Hampshire doctor is much more willing to support the establishment of a clinic than his colleague in New Jersey. A similar question asked of the doctors in that state produced the following results: Yes—50%; No—41%; Undecided—9%.

That strong support, if such a proposal is made, could be expected from the doctors, is indicated by their replies to a question asked specifically of that group, namely; **whether they would be willing to cooperate with laymen (such as the A. A. people, social workers and others) if attached to such clinics.** Of the 140 who replied, 113 (89.7%) answered in the affirmative and only 27 (19.3%) in the negative.

To the question: **Would you approve of the establishment of a special hospital for alcoholics?"** the following replies were received:

	Doctors	Clergymen	Judges	Chiefs of Police	Educators
Yes	73.6%	73.1%	70.4%	70.9%	60.2%
No	20.3%	12.6%	20.5%	20.8%	29.6%
No Opinion	6.1%	14.3%	9.1%	8.3%	10.2%

The great support for a special hospital indicated in these answers reflects an increasing awareness that alcoholism is not so much a crime as an *illness*.

> "As such persons addicted to chronic alcoholism," comments a chief of police, "are victims of a mental disorder, they should be treated as persons suffering from it. I do not believe prison is the cure for these unfortunate persons."

It is further a reflection of the realization that such an illness could not, and should not, be treated haphazardly and for periods of short duration, but with the maximum of facilities and under protracted supervision.

> "Alcoholics need sympathetic and understanding follow-up," comments a clergyman.
>
> "Alcoholics need more than information and advice. They need discipline and someone to lean on and to guide them," comments a judge.
>
> "It is absolutely hopeless," another clergyman emphasizes, "to seek a permanent cure of the true alcoholic unless there is 24-hourly daily supervision; ample time measured in years, not days; especially trained physicians who are interested; hospital facilities immediately available all the time, and sufficient attendants to accompany patients home for several weeks' supervision after hospitalization."

It is shown by the returns that more doctors favor the establishment of a special hospital (73.6%) than do that of clinics (64.4%). That feeling is more sharply reflected in their answers to a question asked of the doctors exclusively: **"If in referring an alcoholic for further treatment you had a choice of sending him to a clinic for alcoholics or to a special hospital for alcoholics, where would you send him?"**

Of the 172 doctors answering the question, 135 (78.5%) indicated a preference for a special hospital, while only 37 (21.5%) would choose a clinic.

Finally in an effort to get the opinion of these groups as to where responsibility should be placed in case concerted action were to be taken, it was asked: **"If you approve of information centers, clinics or special hospitals, or any combination of the three, is it your opinion that the State should maintain them?"**

The answer:

	Doctors	Clergymen	Judges	Chiefs of Police	Educators
Yes	75.6%	76.5%	85.3%	79.2%	80.7%
No	14.7%	15.1%	2.3%	6.2%	11.3%
No Opinion	19.7%	8.4%	11.4%	14.6%	8%

These percentages are based on the *total* number of individual replies within each group as the classification, "no opinion," indicates.

If, however, only the actual number of those answering this particular question were to be taken as a base, the proportion between those supporting State maintenance and those opposing it would be greatly affected. In that case:

	Yes	%	No	%
Doctors	149	83.7	29	16.3
Clergymen	91	83.5	18	16.5
Judges	38	97.4	1	2.6
Chiefs of Police	38	92.7	3	7.3
Educators	71	87.7	10	12.3

In either case the feeling that the State should maintain such a program is so emphatic that not only does it guarantee substantial support for a State-sponsored effort, but practically makes such action mandatory.

SECTION IV

REVISED PROGRAM FOR PUBLIC SCHOOL EDUCATION ABOUT ALCOHOL

As stated in another section of this report from 79.2 to 93.2 per cent of the police chiefs, doctors, judges and clergymen answering the questionnaire stated that they **"approved of the dissemination of scientific knowledge on the nature and effects of alcohol through the public school system."** Approximately the same number stated that they "would like to see a state sponsored information campaign aimed at enlightening the public on the subject of alcoholism."

The people of New Hampshire, through their State Legislature, require instruction about intoxicants by adopting the following state law defining the duties of the State Board of Education—"Investigate the condition and efficiency of public education with special reference to the instruction given in physiology and hygiene in relation to the effect of alcohol and narcotics on the human system, prescribe such a course in respect to these subjects as will stimulate and guide public sentiment and give a detailed account of its doings in relation thereto in its biennial report." (Public Laws, Chapter 134, section II-IX).

As a help in carrying out the provisions of this law a committee of teachers, superintendents of schools and representatives of the State Department of Education prepared a "Recommended Program of Studies for the Public Schools of New Hampshire about Alcohol, Tobacco and Narcotic Drugs." This program of Studies was printed and copies made available to every teacher in the state, the last edition being in 1935. A study of the biennial reports of the State

Education Department and talking to school officials reveal that such instruction is being carried on in the public schools in many different ways and with varying degrees of effectiveness. A study made in 1943 by Roe(1) which shows that every state in the United States has a similar law requiring some type of educational program in the public schools about alcohol. This study also shows that, although there is much material written about alcohol very little can be used in a sound educational program. There are many conflicting statements, many based upon prejudices instead of fact, and little uniformity of what should be taught, or how to teach it.

All of this would indicate that public opinion, as expressed through laws, practice or answers to questionnaires, demands that instruction in the public schools should include something about the use and effects of alcohol upon the individual and society. In an effort to obtain information about this matter several conferences were held with school teachers and officials and parents, current publications were studied and arrangements were made for two persons to attend the 1946 Summer Session at Yale University. These persons were Miss Dorothy McGeoch, Principal, Wheelock Training School and Arthur Giovannangeli, Science Instructor (both of Keene Teachers College). Much of the information and suggestions included in this section of the report are from these people. As teachers, and especially in a teachers college, their influence will continue to be felt and in an ever-widening scope.

(1) Roe, Anne—A Survey of Alcohol Education in Elementary and High Schools in the United States, 1943—*Quarterly Journal of Studies on Alcohol*, New Haven.

Recommendations

1. That a planned, comprehensive program of education about the use and effect of alcohol upon the individual and society be developed in New Hampshire.

   This program should include,

   a. A constructive, educationally sound program for the public schools, grades 1-12, comparable to the instruction given in other health and social science fields.

   b. Suggestions for use in colleges.

      1. Basic concepts to be developed.
      2. Materials to be included in regular college courses.
      3. List of competent speakers available.
      4. Recommended publications.
      5. Recommended group and college activities.

   c. Suggestions for use by adult social and civic groups similar to those for colleges but adapted to these particular groups.

   d. Planned system of radio broadcasts calling attention to such things as current problems connected with excessive use of alcohol, constructive projects done by groups, and correction of false concepts or information given through unscrupulous advertising.

(This part of this report will be concerned primarily with them (a), dealing with the public schools. The inclusion of the other suggestions is to point out that the "public school program" is only one phase of the total desirable educational program. It also shows the necessity of having an organization and personnel equipped to do this.)

2. The present "Program of Studies about Alcohol, Tobacco and Narcotics" for the public schools be revised and brought up to date. The material included should be in accordance with the most recent information concerning scientific facts and educational procedure.

   a. This revision should be done by the State Department of Education with the co-operation of the State Liquor Research Commission. The personnel and materials used by this Commission would be available for this work.

   b. As shown in this brief report, the Liquor Research Commission may furnish many publications, results of research in other states, competent advisory service, arrange to have committee members attend conferences, arrange regional and state conferences in New Hampshire and make the public school program a part of the total education program on alcohol.

3. These educational programs should develop a few basic concepts. Every effort should be made to make these concepts constructive and within the comprehension and experience of the learner. The following concepts are recommended:

Reference marks:
*** *May begin with elementary schools.*
** *Begin with junior and senior high schools.*
* *Begin with senior high schools and adults.*

General Statements

*** 1. Alcohol is contained in varying amounts in drinks as beer, wine and whisky.

*** 2. Alcoholic beverages are made in three ways, by brewing (beer, alcoholic content—6%), by fermentation (wines, alcoholic content—30%), and by distillation (whisky, alcoholic content—43%).

*** 3. Alcohol is one of the few substances which is absorbed directly into the blood from the stomach. This absorption takes place faster when there is no food in the stomach.

** 4. Alcohol not absorbed from the stomach is carried into the small intestine where all but approximately 10% of it passes into the blood. After entering the blood the alcohol is carried to the liver where it is oxidized (combined with oxygen) to form carbon dioxide and water.

** 5. Alcohol not oxidized immediately is carried to all parts of the body by the blood. It must remain in the blood and tissues until oxidized.

Physiological

* 1. Physiological scientific investigations have shown no evidence that alcohol in small amounts is permanently harmful to the human body.

*** 2. Alcohol dilates tiny blood vessels, which causes the skin temperature to rise, making a person feel warmer, but actually the body temperature drops and resistance to cold is lowered.

** 3. Alcohol cannot be stored in the body and thus does not build up a reserve of calories. It is not used to build or repair body cells.

*** 4. Oxidation of alcohol may liberate a large number of heat calories, but fails to provide vitamins, minerals, and proteins and may lead to nutritional diseases.

** 5. Competent authorities state that a person whose blood contains less than 0.05% of alcohol is sober; that one with 0.05% and less than 0.15% is "under the influence"; and that one

with more than 0.15% is intoxicated. The alcoholometer is a device used to measure the concentration of alcohol in the human body.

* 6. Chronic alcoholism is a diseased condition of the mind or body developed as a consequence of prolonged intemperate drinking.

* 7. The bodily diseases of chronic alcoholism are essentially nutritional diseases. The inadequate diet of the inebriate is a primary factor in these disturbances. The dietary deficiencies are aggravated by physical changes in the stomach and by the inadequate utilization of food which develop from the action of alcohol.

*** 8. The poor physical state of the chronic alcoholic predisposes him to diseases, such as pneumonia or heart disease, and lessens the likelihood of recovery.

*** 9. Excessive drinkers have shorter average life than moderate drinkers and abstainers.

Psychological

*** 1. The central nervous system is affected by alcohol.

*** 2. Alcohol affects the central nervous system by depressing the higher brain centers which control voluntary behavior. The latest learned or more complicated skills are affected first and to a greater degree.

*** 3. Alcohol is a depressant, not a stimulant. The apparent stimulation occurs because of the release of inhibitions and submersion of anxieties.

*** 4. Judgment and will power are among the first functions to be affected by alcohol, and with

increasing amounts the impairment becomes greater.

*** 5. Moderate amounts of alcohol have a measurable effect on speed of reactions, discrimination of sensory perceptions and degree of muscular control.

*** 6. Scientific evidence proves that athletes who use alcoholic beverages are less efficient in accuracy and endurance.

*** 7. The general psychological effect of alcohol is that of reduced efficiency.

** 8. People drink for various reasons among which are: as an escape from responsibility and conventional behavior, to relieve tensions, to obtain social approval, to escape the problems and disappointments of life.

Economic

*** 1. The National Safety Council reports that alcohol is a contributing factor in one out of every five highway accidents.

*** 2. Many industrial and labor groups (i. e. railroad engineers) forbid the use of alcoholic beverages because of the danger to others involved.

*** 3. Alcohol has many important industrial uses such as synthetic rubber, plastics, smokeless powder, anti-freeze, solvents, paints, drying agents, etc.

* 4. The establishment of facilities for the rehabilitation of the alcoholic is a sound practice economically.

** 5. The right to manufacture, sell, and consume

alcoholic beverages is a privilege granted by the voters of this country.

*** 6. The alcohol industry is subject to a high rate of taxation and many legal controls by the state and federal governments.

** 7. Authorities have estimated that the nation has spent a probable minimum of $778,903,000 for cost of arrests, jailing, accidents, absenteeism and other anti-social behavior of inebriates during the year of 1940.

* 8. Studies made at Sing Sing Prison in 1938, '39, '40, show that in at least 22% of the offenses, alcohol was closely related to the crime.

** 9. Relatively young drivers seem markedly prone to have motor vehicle accidents. Therefore, they cannot afford to indulge in alcoholic beverages.

**10. The Northwestern National Life Insurance Co. of Minneapolis reported in 1938 that 25% of rejected applications were for the excessive use of alcohol.

***11. Large sums of money are expended for alcoholic beverage advertisements. ($420,479,-424, in 1940).

*12. The alcoholic usually involves himself and his family in a series of dramatic and distressing crises that demand attention and economic help from social agencies and the community.

Social

*** 1. In modern society alcohol is considered of little value as a medicine, due in part to the discovery of better forms of treatment for conditions for which alcohol was formerly used.

** 2. The excessive use of alcohol limits or makes impossible approved individual participation in a complex society.

** 3. Alcoholic beverages served a religious and social function in primitive society, although recognized as a danger when used improperly.

* 4. Alcohol constitutes a danger to society because it increases aggressiveness and sexuality by lowering inhibitions and self-control.

** 5. The amount and kind of drinking in a culture is influenced by the tensions created, the attitudes toward consumption by its members; and the opportunities which the culture provides for obtaining suitable satisfactions.

* 6. In a complex social structure, control of all types of drinking behavior by folkways, mores, etc., is difficult and usually impossible.

* 7. A culture will take one or more of four attitudes toward alcohol: (1) abstinence (2) religious ritual (3) social (4) utilitarian or purposeful (medicinal or occupational).

* 8. The disintegration of the feudal system, the discovery of the process of distillation of alcohol, the industrial revolution, the rise of capitalism, advertising and general social drinking have all had the effect of increasing the drinking of alcohol beverages.

** 9. Alcohol is sometimes used with the intent of increasing sociability.

***10. Alcohol has been, and still is, used in some ethnic and religious groups, in a sacred and divine manner.

*11. There is no scientific evidence that the use of alcohol by the parents causes any abnormality in the child or injuries the human germ.

*12. The greater incidence of disease and mortality among the children of excessive drinkers is not due to heredity but to the low living standards and to neglect in the home.

***13. The use of alcohol even in small amounts is the cause of a large number of traffic and other accidents, resulting in heavy burdens on the individual and society.

** 14. The temperance movement in the United States culminated in the Eighteenth Amendment to the Constitution which established National Prohibition. The Twenty-first Amendment in 1933 repealed the Eighteenth Amendment and returned the legal control to the individual states.

4. If the General Court deems it advisable to establish a perment Commission it should co-operate with the State Department of Education by:
   a. Conducting a one, or two-day conference each year for teachers, school officials, and any interested person. The purpose of this conference would be to stimulate interest in the problem, disseminate new information and teaching aids, and develop more effective educational programs.
   b. Sending a few selected teachers, who show special interest and ability in this field, to attend conferences and summer sessions such as those held at Yale University.

5. Every school system should develop a reference library of good materials about alcohol. By adding a few things each year, it soon becomes a valu-

able aid to pupils and teachers, as well as to the general public. A list of such materials has been prepared by the Commission and copies may be obtained upon request.

a. It is recommended that the New Hampshire State Library should develop a rather comprehensive library of such materials. This could serve for general reading as well as for examination purposes by school teachers before purchasing for the local school library.

SECTION V

CONCLUSIONS AND RECOMMENDATIONS

In the preceding parts, both the seriousness of the problems arising from the excessive use of alcohol and the inadequacy of existing facilities to cope with such problems have been amply shown. The present tendency towards an increasing use of alcoholic beverages, if continued, will further aggravate the situation as the gap that now exists between the problem and the facilities for dealing with it, will widen even more.

It is the Commission's opinion that the situation demands immediate action and that such action should be based on the following principles:

1. Excessive consumption of alcohol leads to serious problems affecting both the individual and society.

2. The alcoholic is a sick person.

3. Rehabilitation of the majority of alcoholics is possible.

4. Alcoholism is a complex problem requiring the special skill of several groups if any efforts toward its control is to succeed.

5. The institution of preventive measures, such as an early diagnosis of alcoholism and a continuous flow of scientific information to the public, will have the following effects:

    a. Reduction of the number of alcoholics.

    b. Alleviation of many of the individual and social problems resulting from the excessive use of alcohol.

6. Since the state receives so large a revenue from the sale of alcoholic beverages, a portion of this income should be used for the prevention of excessive use of alcohol and rehabilitation of inebriates.

To implement these principles we make the following recommendations:

1. That a permanent board or commission be established.

To justify the establishment of the proposed board it must be pointed out that no existing agency such as the Department of Mental Health, the Probation Department, the Liquor Commission, etc., can assume the duties and responsibilities a program such as this entails. Perhaps eventually the administration of this program may be incorporated into an existing governmental department but at the outset—when new techniques must be developed and original designs must be formulated—it is recommended that a specific commission or board be charged with this responsibility.

2. That this board or commission be endowed with powers to initiate and direct a co-ordinated program, three main aspects of which should be, information, diagnosis and rehabilitation.

Such a program would involve activities such as these:

a. Continuous research in the general field of alcoholism and in the specific problems pertaining to the situation within the state.

b. Dissemination of information for the enlightenment of the public and guidance of groups dealing with inebriates, through the public and other school systems; through the press, radio, movies and other means available for reaching

the general public; through periodic releases of the latest information to chiefs of police, judges, doctors, clergymen, and others who may indicate an interest to co-operate.

c. Development and application of modern techniques of diagnosis and treatment.

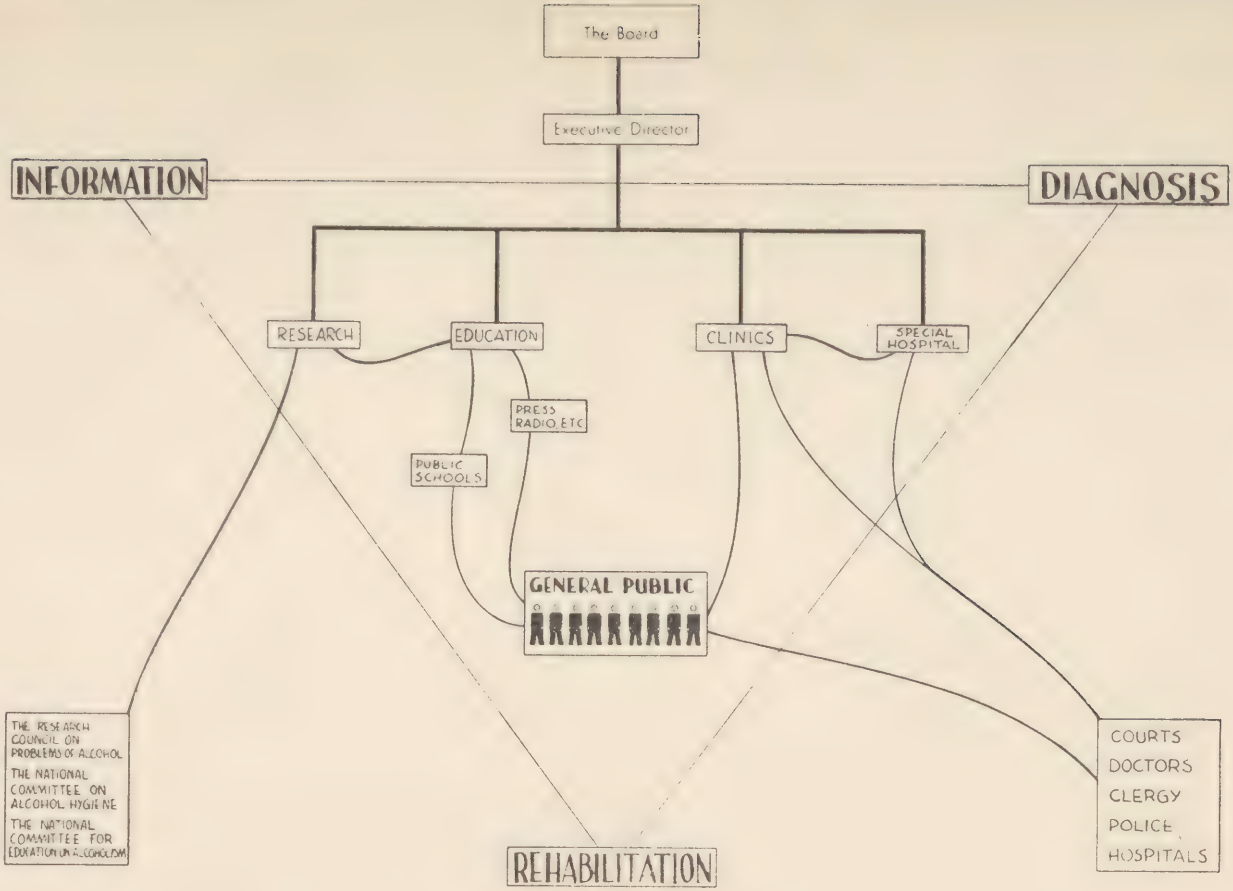
d. Development and furtherance of uniform techniques of handling cases of drunkenness.

e. Supervision of a parole or probation system for inebriates.

f. Furtherance of legislation intended to accomplish the aims of the commission or board.

3. That this board or commission be further empowered to set up, supervise and administer such agencies as may be deemed essential for the execution of its program.

The accompanying chart is offered as a suggestion as to how an administrative unit could be organized to carry on a concerted program of this nature with the maximum of efficiency.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INFORMATION
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GENERAL PUBLIC
THE RESEARCH COUNCIL ON PROBLEMS OF ALCOHOL
THE NATIONAL COMMITTEE ON ALCOHOL HYGIENE
THE NATIONAL COMMITTEE FOR EDUCATION ON ALCOHOLISM
REHABILITATION
COURTS
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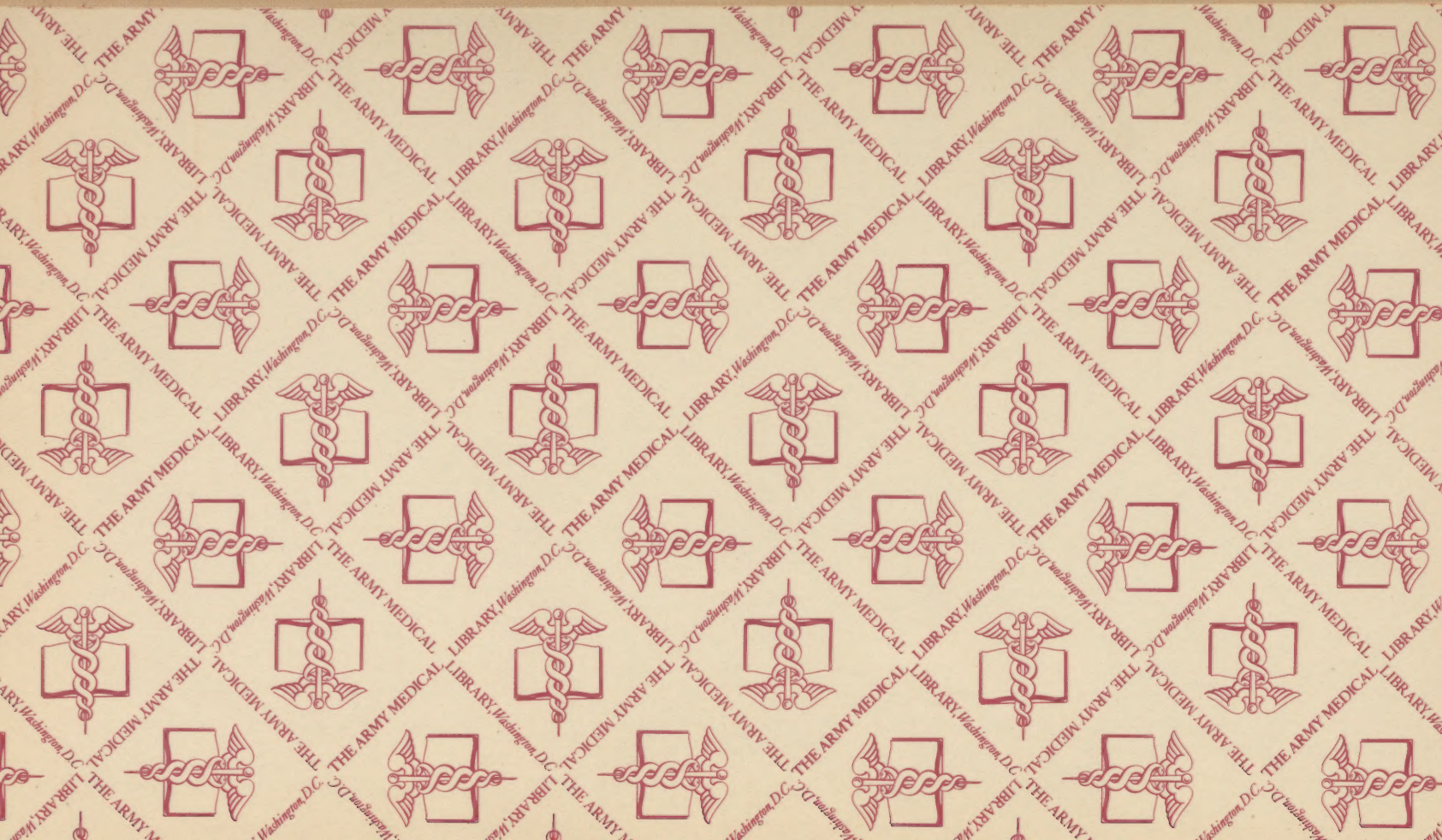
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